DOCUMENT RESUME

ED 141 622 08 CE 011 888

TITLE Management Information System for Vocational Education, MISVE Source Data Input Procedures. Research and Development Series No. 127F.

INSTITUTION Ohio State Univ., Columbus. Center for Vocational Education.

SPONS AGENCY National Inst. of Education (DHEW), Washington, D.C.; Office of Education (DHEW), Washington, D.C.

PUB DATE 77

CONTRACT NE-C-00-3-0078; OE-C-300-75-0184

NOTE 227p.; For related documents see CE 011 883-888 ; Some parts may be marginally legible due to print quality of the original document

EDRS PRICE MF-$0.83 HC-$12.71 Plus Postage.

DESCRIPTORS Computer Oriented Programs; *Data Processing; Guidelines; *Input Output; *Management Information Systems; Staff Role; *Vocational Education

ABSTRACT

One of six documents describing the Management Information System for Vocational Education (MISVE), this document is designed as a reference manual for MISVE data input clerks and technical support personnel. (MISVE was designed to provide users with an advanced management information system (MIS) capability that could effectively respond to current information needs of vocational education managers, to their new and emerging data needs, as well as adapt to unique operational requirements.) This manual includes coding instructions, scheduling, keypunch instructions, and card layout formats for the MISVE prototype source data instruments. It also provides information needed by MISVE technical staff to modify and revise input procedures to reflect local changes in source data instrument format, content, and specifications. The appendixes include cross references between source data instruments and data fields. (SH)

****
* Documents acquired by ERIC include many informal unpublished *
* materials not available from other sources. ERIC makes every effort *
* to obtain the best copy available. Nevertheless, items of marginal *
* reproducibility are often encountered and this affects the quality *
* of the microfiche and hardcopy reproductions ERIC makes available *
* via the ERIC Document Reproduction Service (EDRS). EDRS is not *
* responsible for the quality of the original document. Reproductions *
* supplied by EDRS are the best that can be made from the original. *
****

RESEARCH AND DEVELOPMENT SERIES NO. 127F

ED141622

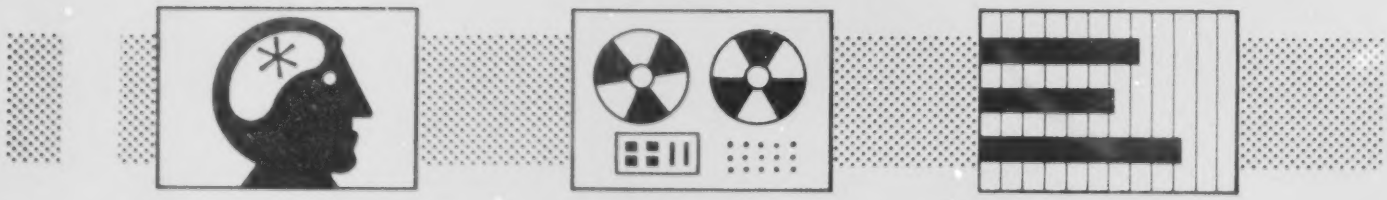
MANAGEMENT INFORMATION SYSTEM FOR VOCATIONAL EDUCATION

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

BEST COPY AVAILABLE

MISVE SOURCE DATA INPUT PROCEDURES



CE 011 888

THE CENTER FOR VOCATIONAL EDUCATION
THE OHIO STATE UNIVERSITY
1960 Kenny Road · Columbus, Ohio 43210

THE CENTER MISSION STATEMENT

The Center for Vocational Education's mission is to increase the ability of diverse agencies, institutions, and organizations to solve educational problems relating to individual career planning, preparation, and progression. The Center fulsills its mission by:

- Generating knowledge through research
- Developing educational programs and products
- Evaluating individual program needs and outcomes
- Installing educational programs and products
- Operating information systems and services
- Conducting leadership development and training programs

RESEARCH AND DEVELOPMENT SERIES NO. 127F

MISVE SOURCE DATA INPUT PROCEDURES

The Center for Vocational Education
The Ohio State University
1960 Kenny Road
Columbus, Ohio 43210

1977

A Final Report
On A Project Conducted Under
Contract No. NE-C-00-3-0078
and
Contract No. OE-C-300-75-0184

The material in this publication was prepared pursuant to contracts with the National Institute of Education and the U.S. Office of Education, U.S. Department of Health, Education and Welfare. Contractors undertaking such projects under government sponsorship are encouraged to express freely their judgment in professional and technical matters. Points of view or opinions do not, therefore, necessarily represent official National Institute of Education or U.S. Office of Education position or policy.

U.S. DEPARTMENT OF
HEALTH, EDUCATION AND WELFARE

FOREWORD

Vocational education agencies require management information systems that will assist them in their program planning, evaluation, monitoring and reporting responsibilities. The Management Information System for Vocational Education (MISVE) was designed to provide users with an advanced MIS capability that can effectively respond to current information needs of vocational education managers, as well as to their new and emerging data needs. The system has been planned to permit great adaptability in meeting the unique operational requirements of its users.

Invaluable cooperation and assistance in the development and field trial of MISVE was provided by Robert Stump, project officer, the National Institute of Education; Jack Wilson, project officer, the U.S. Office of Education, Bureau of Occupational and Adult Education, Division of Research and Demonstration; and to the staff of the Colorado State Board for Occupational Education who were involved in the MISVE field trial. Recognition is due also to the staff of MRI Systems Corporation who developed the MISVE applications programs and assisted in the preparation of MISVE documents, to the many state staff persons who served on MISVE applicability panels to review system developments and outputs, and to the many persons who provided reactions and valuable advice for revising the present set of MISVE documents. Significant contributions to the final product were also made by Harold Starr, project director; Michael Black and Kenney Gray, research specialists; and other Center staff.

Robert E. Taylor
Director

TABLE OF CONTENTS

Page

MISVE SOURCE DATA INPUT PROCEDURES OVERVIEW, SECTION I I-1

1. INSTRUMENT OVERVIEW I-1

2. SOURCE DATA INSTRUMENT CONTENT I-3

MISVE CODING SCHEMES, SECTION II II-1

1. SDI IDENTIFICATION CODE II-2

2. DISTRICT CODE II-3

3. PROGRAM CODE II-4

4. PROGRAM APPROVAL NUMBER II-5

KEYPUNCH INSTRUCTIONS AND CARD LAYOUT FORMATS FOR SOURCE DATA INSTRUMENTS, SECTION III . . . . . UNNUMBERED

KEYPUNCH INSTRUCTIONS AND CARD LAYOUT FORMATS FOR EXTERNAL CROSS REFERENCE DATA, SECTION IV . . . . . UNNUMBERED

APPENDICES

A MISVE SOURCE DATA INSTRUMENT FIELD TO DATA BASE FIELD CROSS REFERENCE A-1

B MISVE DATA BASE FIELD TO SOURCE DATA INSTRUMENT FIELD CROSS REFERENCE B-1

LIST OF FIGURES

Page

FIGURES

1 FOUR CODING SCHEMES II-1

2 THE CODING FORMAT FOR THE SDI IDENTIFICATION CODE II-2

3 THE CODING FORMAT FOR THE DISTRICT CODE II-3

4 THE CODING FORMAT FOR THE PROGRAM CODE II-4

5 THE CODING FORMAT FOR THE PROGRAM APPROVAL NEEDS II-5

MISVE SOURCE DATA INPUT PROCEDURES OVERVIEW

SECTION I

MISVE SOURCE DATA INPUT PROCEDURES OVERVIEW

SECTION I

1. INSTRUMENT OVERVIEW

MISVE provides users with a set of 20 data collection instruments to retrieve data at the secondary, post-secondary and adult levels. These instruments are found in Appendix A, The MISVE Source Data Instruments. A number of these instruments are intended to be of a "snap out" carboned type. However, in the interests of effecting cost savings to the government the data collection instruments found in Appendix A are not produced in their final operational form. Additional reasons for not going to the expense of reproducing the data collection instruments in a final operational form are that a) most system users will, in all likelihood, want to modify the instruments in terms of item format even if they adopt them without redesigning them (the latter being most unlikely); and, b) some users might prefer to design some of the instruments for optical scanning instead of keypunching. In any event, the ultimate design and format of MISVE data collection instruments are intended to be under the control of the user.

The prototype data collection instruments (SDIs) logically fall into three categories: those instruments which deal with administrative level data, those instruments which deal with student data in aggregate form, and those instruments which deal with student data by individual.

The current set of data collection instruments are as follows:

The current set of data collection instruments are as follows:

ADMINISTRATIVE LEVEL DATA

Local Plan for Vocational Education: Current and Projected Enrollment and Resource Requirements

Application for Approval of a New Vocational Program

Application for Approval of a Continuing Vocational Program

Request for Approval Equipment, Special Materials, Services

Application for Vocational Credential (Colorado version)

Current and Projected Requirements for Administrative, Supervisory, and Ancillary Staff

Current and Projected Requirements for Instructional Staff

Vocational Education Instructional Staff Information

Vocational Education Administrative Supervisory and Ancillary Staff Information

STUDENT DATA - AGGREGATE FORM

Vocational Program Enrollment Report

Disadvantaging Characteristics of Students with Special Needs

Handicapping Characteristics of Students with Special Needs

Services Provided to Students with Special Needs

Program Enrollment Status Report

Placement Information for Program Completers

Survey of Former Occupational Students (Colorado version)

STUDENT DATA - BY INDIVIDUAL

Beginning-of-Term Enrollment Report

End-of-Term Enrollment Report

Special Needs Enrollment by Characteristics

Placement Information for Program Completers

The development of the prototype data collection instruments have involved a number of informal procedures including a review of formats of MIS data collection instruments used by many states, a review of advantages and disadvantages of using keypunch or optical scanning techniques for converting responses into machine readable form, and reviews by field site personnel in Colorado of initial and subsequent versions of instrumentation to obtain their suggestions directed toward enhancing instrument acceptability by local school personnel.

The descriptive terminology and coding structures used with the SDIs are not intended as mandates. States are expected to use terminology and coding structures consistent with their purposes. No instructions for completing the SDIs are provided. This is because states will want to provide school districts with instructions for completing the SDIs that are mutually acceptable and understandable to state and school district personnel, and because states adopting MISVE will, in all likelihood, modify instrumentation to meet their unique needs.

2. SOURCE DATA INSTRUMENT CONTENT

A cross reference between fields contained in the SDIs and the corresponding fields in the data base is found in Appendix A, MISVE Source Data Instrument Field to Data Base Field Cross Reference. Appendix B, MISVE Data Base Field to Source Data Instrument Field Cross Reference, provides a similar capability except that the cross reference goes from any data base field to the corresponding field in the SDI.

MISVE CODING SCHEMES

SECTION II

MISVE CODING SCHEMES

SECTION II

The source data instruments (SDIs) used to collect data from local education agencies contain four general coding schemes. These coding schemes are: 1) the SDI identification code; 2) district code; 3) instructional program code; and, 4) program approval number. These coding schemes are illustrated in Figure 1, Four Coding Schemes. A description of each of these coding schemes, together with their formats, are described below.

Figure 1

Four Coding Schemes

NG DRAFT
OR DISTRIBUTION

(A) 1202

PLACEMENT INFORMATION
for
PROGRAM COMPLETORS

(B) 01030107 — District Code | Name of Local Agency | County | Signature & Title of Local Authorized Official

(C) 01-0100 — Program Code | 110075 — Program Approval No. (D) | Program Name | Date

ALL STUDENTS

NUMBER STUDENTS COMPLETING		STATUS UNKNOWN		KNOWN TO BE NOT AVAILABLE FOR PLACEMENT				KNOWN TO HAVE BEEN AVAILABLE FOR PLACEMENT						NO. PLACED IN EMPLOYMENT BY SCHOOL OR TEACHER	
				CONTINUING EDUCATION AT HIGHER LEVEL		OTHER REASONS		EMPLOYED FULL TIME IN FIELD TRAINED OR RELATED FIELD		UNEMPLOYED (SEEKING WORK)		OTHER EMPLOYMENT			
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F

SPECIAL NEEDS STUDENTS

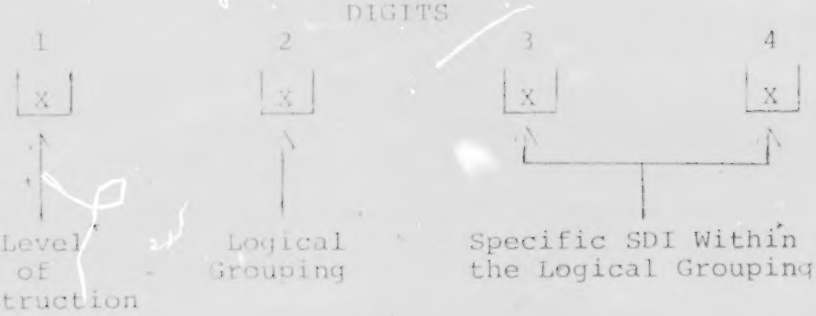
GROUP	NUMBER STUDENTS COMPLETING	STATUS UNKNOWN	KNOWN TO BE NOT AVAILABLE FOR PLACEMENT		KNOWN TO HAVE BEEN AVAILABLE FOR PLACEMENT			NUMBER PLACED IN EMPLOYMENT BY SCHOOL OR TEACHER
			CONTINUING EDUCATION AT HIGHER LEVEL	OTHER REASONS	EMPLOYED FULL TIME IN FIELD TRAINED OR RELATED FIELD	UNEMPLOYED (SEEKING WORK)	OTHER EMPLOYMENT	

I. SDI IDENTIFICATION CODE

The SDI Identification Code consists of four numeric characters. Figure 2, The Coding Format for the SDI Identification Code illustrates the format and purpose of each of the four characters.

Figure 2

THE CODING FORMAT FOR THE SDI IDENTIFICATION CODE



MISVE CODING

Level of Instruction

1 = secondary

2 = post-secondary

3 = adult*

Logical Grouping

1 = Administrative Data

2 = Student-Aggregate Data

3 = Student-Individual Data

*In a few instances the SDI Identification Code omits the first digits. This is because the SDI includes data from all three levels of instruction, e.g., local plan for vocational education.

An example of a SDI Identification Code is found at (A) in Figure 1, Four Coding Schemes. In this case the SDI Identification Code appears as 1202. The first digit, "1", indicates that the data contained in this SDI are applicable to the secondary level of instruction. The second digit, "2", indicates that the SDI supplies student data in aggregate form. The third and fourth digits, "0" and "2" identify the specific SDI within the logical grouping; in this case End-of-Term Enrollment Report.

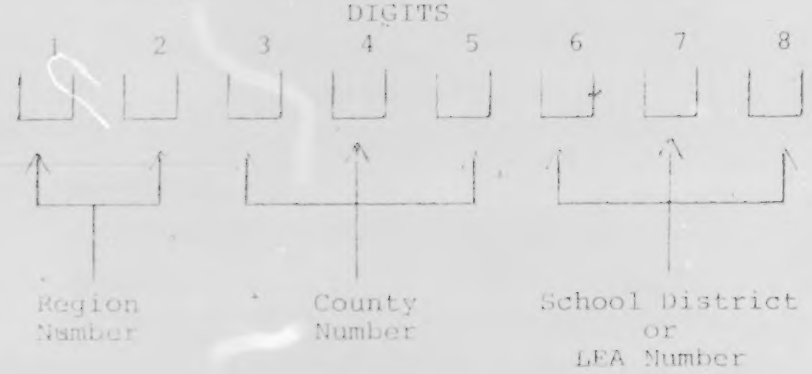
The SDI Identification Code appears in the SDI layout formats that accompany each SDI, and is used also to map SDI data to the MISVE data base.

2. DISTRICT CODE

The District Code consists of eight numeric characters. Figure 3, The Coding Format for the District Code illustrates the format and purpose of each of the eight characters.

Figure 3

THE CODING FORMAT FOR THE DISTRICT CODE



An example of a District Code is found at (B) in Figure 1, Four Coding Schemes. In this case the District Code appears as 01030107. Therefore, the data come from educational planning region 01, county 30 and school district 107.

3. PROGRAM CODE

The Program Code consists of six numeric characters. Figure 4, The Coding Format for the Program Code illustrates the format and purpose of each of the six characters.

Figure 4

THE CODING FORMAT FOR THE PROGRAM CODE

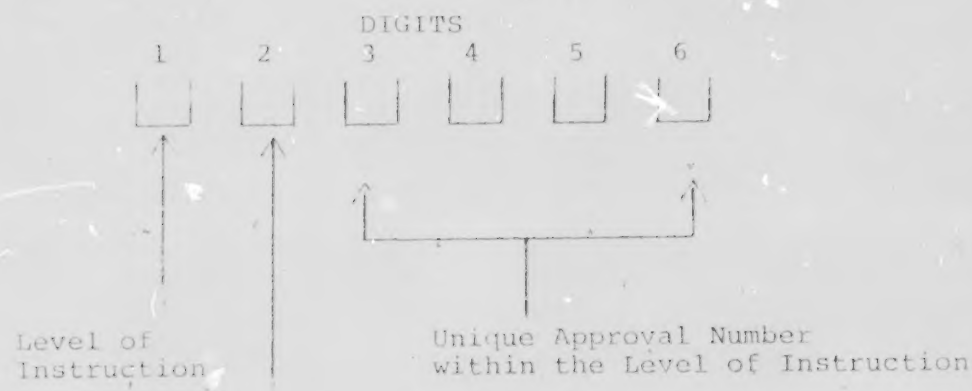
An example of a Program Code is found at (C) in Figure 1, Four Coding Schemes. In this case the program code appears as 01-0100. The MISVE prototype uses the U.S. Office of Education list of instructional program codes and titles. Thus, the two digits "01" indicate that the program field is Agriculture; while the last four digits indicate that the program subfield is Animal Science.

4. PROGRAM APPROVAL NUMBER

The Program Approval Number consists of six numeric characters. Figure 5, The Coding Format for the Program Approval Number illustrates the format and purpose of each of the six characters.

Figure 5

THE CODING FORMAT FOR THE PROGRAM APPROVAL NEEDS


DIGITS
1 2 3 4 5 6
Level of Instruction
Program Classification e.g., regular, special special/ coop
Unique Approval Number within the Level of Instruction

Level of Instruction

1 = secondary

2 = post-secondary

3 = adult

Program Classification

Arbitrary (user determined)

An example of a Program Approval Number is found at (D) in Figure 1, Four Coding Schemes. In this case the Program Approval Number appears as 110075. The first digit "1" indicates that the approved program exists at the secondary level. The second digit "1" indicates a regular vocational program. Digits three through six "0075" indicate the unique approval number for this program at the secondary level.

LOCAL PLAN FOR VOCATIONAL EDUCATION

CURRENT AND PROJECTED ENROLLMENTS AND RESOURCE REQUIREMENTS

(1) DISTRICT CODE _____ NAME OF LOCAL AGENCY _____ COUNTY _____ DATE SUBMITTED _____

SIGNATURE _____ LOCAL AUTHORIZED OFFICIAL

APPROVED BY _____ STATE AUTHORIZED OFFICIAL

1	2			3	4	5		6	7	8	9	10	11	12	13	14	15
Program Name and Instructional Code	Program Status: If continuing or expanding, give state assigned instructional program approval no.	NOT YET APPV'D CODE FOR LEVEL 1 - SEC 2 - P SEC 3 - ADULT	(5)	(6) Year Act / Est / Estimate	(7) Number of Locations	(8) Enrollment (unduplicated count) M	(9) F	(10) F T E Enrollment	DIRECT COST: (11) Instructional Costs	(12) Cost of Equipment	(13) Books and Supplies	(14) Student Transportation	(15) Contract Costs	(16) Total Direct Costs	STATE USE ONLY: (17) Percent of State Support	(18) Amount of State Support	(19) Source of funding
Program Name			1	Rev. Est. 1975-76													
			2	Actual 1975-1976													
			3	Est. 76-77													
(2) Instructional Code	(3) Prog. Approval No.	(4)	4	Est. 77-78													
			5	Est. 78-79													
Program Name			1	Rev. Est. 1975-76													
			2	Actual 1975-1976													
			3	Est. 76-77													
Instructional Code	Prog. Approval No.		4	Est. 77-78													
			5	Est. 78-79													
Program Name			1	Rev. Est. 1975-76													
			2	Actual 1975-1976													
			3	Est. 76-77													
Instructional Code	Prog. Approval No.		4	Est. 77-78													
			5	Est. 78-79													

KEYPUNCH INSTRUCTIONS AND CARD LAYOUT FORMATS FOR SOURCE DATA INSTRUMENTS

SECTION III

KEYPUNCH INSTRUCTIONS AND CARD LAYOUT FORMATS
FOR SOURCE DATA INSTRUMENTS

SECTION III

1. GENERAL KEYPUNCH INSTRUCTIONS

The following keypunch instructions apply to each form:

L = left justified, any unused columns left blank

LO = left justified, any unused columns zero filled

R = right justified, any unused columns left blank

OR = right justified, any unused columns zero filled

N = numeric

A = alpha/numeric

Note:

1. If L, LO, R, or OR are not indicated in the instructions given, columns will be punched exactly "as is" from source document. The column(s) should be filled.
2. If no data is on the source document for any columns, leave blank.

2. SPECIAL KEYPUNCH INSTRUCTIONS, CARD LAYOUT FORMATS AND FIELD LOCATIONS

The following pages in this section of the document provide the keypunch operator with special instructions, if any, for each SDI, the card layout(s) for each SDI, and a reproduction of each SDI that contains the location of all the fields.

FORM NO: 101

FORM NAME: Local Plan for Vocational Education: Current and Projected Enrollments and Resource Requirements

DATA REPRESENTED: Financial
Enrollments
Programs

SCHEDULE: This form is submitted twice during the year. Actual figures for the year just completed and estimates for the coming three years will be submitted in the summer. Revised estimates will be reported at mid-term.

TO BE COMPLETED BY: Authorized official of a local vocational education agency.

CODING INSTRUCTIONS: No special coding is required on this form.

SPECIAL INSTRUCTIONS: Complete only the actual figures and the estimates on the form in the summer. Complete only revised estimates at mid-term.

TO BE SUBMITTED TO:

SOURCE DATA INSTRUMENT

LOCAL PLAN FOR VOCATIONAL EDUCATION: CURRENT AND PROJECTED ENROLLMENTS AND RESOURCE REQUIREMENTS

CARD CODE	LEVEL
1101A	Secondary
2101A	Post Secondary
3101A	Adult

For each instructional code entry there can be up to four lines of information coded. Each line must be punched in a separate card with the appropriate card code, district number, instructional code and program approval number. This information must be the same for each four line entry.

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	To	INSTRUCTIONS	
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	NR	
2	Instructional Code	14	19	NR	
3	Program Approval Number	20	25	NR	
4	Not Yet Approved	26		N	Punch Level: 1, 2, or 3
5	Cycle	27		N	
6	Year	28	29	N	Punch The Last Two Characters Of Each Year
7	Number Of Locations	30	31	NOR	
8	Enrollment-Male	32	36	NOR	
9	Enrollment-Female	37	41	NOR	
10	F.T.E. Enrollment	42	45	NOR	
11	Instructional Costs	46	51	NOR	
12	Equipment	52	56	NOR	
13	Books And Supplies	57	61	NOR	
14	Student Transportation	62	66	NOR	
15	Contract Costs	67	71	NOR	
16	Total Direct Costs	72	77	NOR	

LOCAL PLAN FOR VOCATIONAL EDUCATION: CURRENT AND PROJECTED ENROLLMENTS AND RESOURCE REQUIREMENTS

CARD CODE	LEVEL
1101B	Secondary
2101B	Post-Secondary
3101B	Adult

For each instructional code entry there can be up to four lines of information coded. Each line must be punched in a separate card with the appropriate card code, district number, instructional code and program approval number. This information must be the same for each four line entry.

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To	INSTRUCTIONS	
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	NR	
2	Instructional Code	14	19	NR	
3	Program Approval Number	20	25	NR	
17	Percent Of State Support	26	29	NOR	
18	Amount Of State Support	30	35	NOR	
19	Sources Of Funding	36	37	N	

FORM NO: 103

FORM NAME: Application for Approval of A New Vocational Program

DATA REPRESENTED: Program Description

Training Needs

SCHEDULE: Spring prior to anticipated inception of program

TO BE COMPLETED BY: Authorized official of the local vocational education agency.

CODING INSTRUCTIONS: No special coding is required on this form.

SPECIAL INSTRUCTIONS:

1. The program type is different for each level. The type for each level is to be indicated on the top section of each form.
2. The secondary level only will indicate the grade level (9th, 10th, 11th, 12th) of the program. This is item one of the secondary form.
3. The post-secondary and adult forms only require an anticipated starting and ending date for the programs for these levels. Item one of the post-secondary and adult forms asks for these dates.

TO BE SUBMITTED TO:

SECONDARY LEVEL

APPLICATION FOR APPROVAL

of

A NEW VOCATIONAL PROGRAM

FOR STATE USE ONLY

(3) Program Approval No.

(1) District Code | Name of Local Agency | County | Signature and Title of Local Authorized Official

(2) Program Code | Program Type | Program Name | Date

1. Grade level(s) in which program will be offered?
   - ☐ 9th (4)
   - ☐ 10th (5)
   - ☐ 11th (6)
   - ☐ 12th (7)

2. What prerequisites, if any, will exist for students wanting to enroll in this program?
   - ☐ an age requirement (8)
   - ☐ an achievement requirement, e.g., test scores, class standing, grades (9)
   - ☐ other (10)

3. Will this program be based on an open-entry open-exit concept? (11)
   - 1 ☐ yes
   - 2 ☐ no

4. Students will usually be enrolled in this program? (12)
   - 1 ☐ once each year
   - 2 ☐ each quarter or semester
   - 3 ☐ more frequently than each quarter or semester

5. Will there be an extended school day or flexible scheduling for students with special needs during this program's first year in operation? (13)
   - 1 ☐ yes
   - 2 ☐ no

6. Will use be made of psychological and/or social work services during this program's first year of operation? (14)
   - 1 ☐ yes
   - 2 ☐ no

7. How many employers are expected to be involved in providing work training stations to students during this program's first year of operation?
   (15) employers. They will provide an estimated (16) training stations.

8. How many of the following groups or agencies have been involved in determining the need for this program?
   (17) number business or industry group(s);
   (18) number labor union(s);
   (19) number manpower planning or coordinating group(s); and/or
   (20) number state employment service office(s).

9. Cite evidence that local labor market demand supports the need for this program.
   (21) ☐ – a local area manpower survey conducted by:
   (22) source 19 (23) year
   (24) ☐ – manpower data from other sources:
   (25) source 19 (26) year
   (27) source 19 (28) year

10. Cite evidence that regional, statewide, or national labor market demands support the need for this program.
    (29) ☐ (30) source 19 (31) year
    (32) ☐ (33) source 19 (34) year

11. Estimate the extent to which groups in the private sector will contribute to this program during its first year of operation.
    $ (35) in direct funding or in the value of donated or loaned equipment.
    (36) square feet of classroom or laboratory space provided without charge to the school district.

POST-SECONDARY AND ADULT LEVEL

APPLICATION FOR APPROVAL
of
A NEW VOCATIONAL PROGRAM

FOR STATE USE ONLY

(3) Program Approval No.

(1) District Code | Name of Local Agency | County | Signature and Title of Local Authorized Official

(2) Program Code | Program Type | Program Name | Date

1. If this program will be offered on a temporary basis only, indicate the anticipated starting and ending dates.

(4) mo (5) yr is the anticipated starting date.

(6) mo (7) yr is the anticipated ending date.

2. What prerequisites, if any, will exist for students wanting to enroll in this program?

(8) [ ] an age requirement

(9) [ ] an achievement requirement, e.g., test scores, class standing, grades

(10) [ ] other

3. Will this program be based on an open entry open exit concept? (11)

1 [ ] yes

2 [ ] no

4. Students will usually be enrolled in this program? (12)

1 [ ] once each year

2 [ ] each quarter or semester

3 [ ] more frequently than each quarter or semester

5. Will there be an extended school day or flexible scheduling for students with special needs during this program's first year in operation? (13)

1 [ ] yes

2 [ ] no

6. Will use be made of psychological and/or social work services during this program's first year of operation? (14)

1 [ ] yes

2 [ ] no

7. How many employers are expected to be involved in providing work training stations to students during this program's first year of operation?

(15) employers. They will provide an estimated

(16) training stations.

8. How many of the following groups or agencies have been involved in determining the need for this program?

(17) number business or industry group(s),

(18) number labor union(s),

(19) number manpower planning or coordinating group(s); and/or

(20) number state employment service office(s).

9. Cite evidence that local labor market demand supports the need for this program.

(21) [ ] – a local area manpower survey conducted by

(22) source 19 (23) year

(24) [ ] – manpower data from other sources.

(25) source 19 (26) year

(27) source 19 (28) year

10. Cite evidence that regional, statewide, or national labor market demands support the need for this program.

(29) [ ] (30) source 19 (31) year

(32) [ ] (33) source 19 (34) year

11. Estimate the extent to which groups in the private sector will contribute to this program during its first year of operation.

$ (35) in direct funding or in the value of donated or loaned equipment.

(36) square feet of classroom or laboratory space provided without charge to the school district.

12. Name the groups in the private sector who might provide these contributions.

(37)

a _____

(70)

b _____

c _____

d _____

13. Estimate the extent to which federal, state, and local agencies in the public sector will contribute to this program during its first year of operation:

(38)

$ _____ in direct funding or in the value of donated or loaned equipment.

(39)

_____ square feet of classroom or laboratory space provided without charge to the school district.

14. Name the governmental groups who might provide these contributions.

(40)

a _____

(71)

b _____

c _____

d _____

15. Will there be special or modified equipment available for use by handicapped students during this program's first year of operation?

(41)

1 ☐ yes

2 ☐ no

List the Vocational Courses for this Program

1	2	3	4	5
Course Name	Avg. no. of hours of instruction per week for students in this course	No. of weeks to complete this course (this can span more than 1 year)	Total contact hours to complete this course	Course Code
(42)	(43)	(44)	(45)	(46)

List schools and community facilities that will house this program during its first year in operation.

Name of School or Community Facility	Square Feet to be Allocated for Lab/Shop Instruction	No. of Hours Per Week This Space to be Used for Lab/Shop Instruction	Square Feet to be Allocated for Related Instruction	No. of Hours Per Week This Space to be Used for Related Instruction	School Building Number
(47)	(48)	(49)	(50)	(51)	(52)

List up to five jobs in which program completors are likely to find employment. For each job specify the Dictionary of Occupational Titles code and the prevailing entry-level wage per hour for the labor market area where completors are likely to find such employment.

1	2	3
Job Title	Dictionary of Occupational Titles Code	Entry Level Wage Per Hour
(53)	(54)	(55)

List the major terminal student performances that students are expected to attain in order that they will have the marketable skills to acquire the specific jobs listed in the item above.

1	2
TERMINAL PERFORMANCE	TERMINAL PERFORMANCE CODE
(56)	(57)

List below the number of persons on the advisory committee(s) used to assist in planning for this program.

GROUP / SECTOR	EMPLOYERS	EMPLOYEES	PARENTS	STUDENTS	EDUCATORS	OTHERS
			(58)	(59)	(60)	(61)
BUSINESS	(62)	(63)				
INDUSTRY	(64)	(65)				
PROFESSIONAL SERVICES	(66)	(67)				
GOVERNMENT	(68)	(69)				

SOURCE DATA INSTRUMENT

APPLICATION FOR APPROVAL OF A NEW VOCATIONAL PROGRAM

CARD CODE	LEVEL
1103A	Secondary
	Post-Secondary
	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To		INSTRUCTIONS
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	NR	
2	Program Code	14	19	NR	
3	Program Approval Number	20	25	NR	
4	Grade Level - 9th	26		A	If Checked Punch Alpha "X"
5	Grade Level - 10th	27		A	If Checked Punch Alpha "X"
6	Grade Level - 11th	28		A	If Checked Punch Alpha "X"
7	Grade Level - 12th	29		A	If Checked Punch Alpha "X"
8	Prerequisite - Age	30		A	If Checked Punch Alpha "X"
9	Prerequisite - Achievement	31		A	If Checked Punch Alpha "X"
10	Prerequisite - Other	32		A	If Checked Punch Alpha "X"
11	Entry/Exit	33		A	If "Yes" Punch "1" If "No" Punch "2"
12	Enrollment	34		N	If "Once Each Year" Punch "1" If "Each Quarter Or Semester Punch "2" If More Freq. Than Qtr. Or Semester, Punch "3"

SOURCE DATA INSTRUMENT

APPLICATION FOR APPROVAL OF A NEW VOCATIONAL PROGRAM

CARD CODE: 1103A

LEVEL:
Secondary
Post-Secondary
Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To		INSTRUCTIONS
13	Special Needs - Extended/ Flexible	35		N	If "Yes" Punch "1" If "No" Punch "2"
14	Special Needs - Psycho/ Social Work	36		N	If "Yes" Punch "1" If "No" Punch "2"
15	Employers	37	40	NOR	
16	Training Stations	41	43	NOR	
17	Business Or Industry Group(s)	44	45	NOR	
18	Labor Union(s)	46	47	NOR	
19	Manpower Planning	48	49	NOR	
20	State Employment Office(s)	50	51	NOR	
21	Manpower Survey	52		A	If Checked Punch Alpha "X"
22	Manpower Survey Conducted By	53	72	AL	
23	Manpower Survey Year	73	74	N	

SOURCE DATA INSTRUMENT

APPLICATION FOR APPROVAL OF A NEW VOCATIONAL PROGRAM

CARD CODE	LEVEL
	Secondary
2103A	Post-Secondary
3103A	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To		INSTRUCTIONS
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	NR	
2	Program Code	14	19	NR	
3	Program Approval Number	20	25	NR	
4	Anticipated Start Month	26	27	N	
5	Anticipated Start Year	28	29	N	
6	Anticipated End Month	30	31	N	
7	Anticipated End Year	32	33	N	
8	Prerequisite - Age	34		A	If Checked Punch Alpha "X"
9	Prerequisite - Achievement	35		A	If Checked Punch Alpha "X"
10	Prerequisite - Other	36		A	If Checked Punch Alpha "X"
11	Entry/Exit	37		N	If "Yes" Punch "1" If "No" Punch "2"
12	Enrollment	38		N	If "Once Each Year" Punch "1" If "Each Quarter Or Semester" Punch "2" If "More Frequently Than Each Quarter Or Semester" Punch "3"

SOURCE DATA INSTRUMENT

APPLICATION FOR APPROVAL OF A NEW VOCATIONAL PROGRAM

CARD CODE	LEVEL
	Secondary
2103A	Post-Secondary
3103A	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	To		INSTRUCTIONS
13	Special Needs - Extended/ Flexible	39		N	If "Yes" Punch "1" If "No" Punch "2"
14	Special Needs - Psycho/ Social Work	40		N	If "Yes" Punch "1" If "No" Punch "2"
15	Employers	41	44	NOR	
16	Training Stations	45	47	NOR	
17	Business Or Industry Group(s)	48	49	NOR	
18	Labor Union(s)	50	51	NOR	
19	Manpower Planning	52	53	NOR	
20	State Employment Office(s)	54	55	NOR	
21	Manpower Survey	56		A	If Checked Punch Alpha "X"
22	Manpower Survey Conducted By	57	76	AL	
23	Manpower Survey Year	77	78	N	

SOURCE DATA INSTRUMENT

APPLICATION FOR APPROVAL OF A NEW VOCATIONAL PROGRAM

CARD CODE	LEVEL
1103B	Secondary
2103B	Post-Secondary
3103B	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To		INSTRUCTIONS
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	NR	
2	Program Code	14	19	NR	
3	Program Approval Number	20	25	NR	
24	Other Sources	26		A	If Checked Punch Alpha "X"
25	Manpower Data/Other Source #1	27	46	AL	
26	Manpower Data/Other Source Year #1	47	48	N	
27	Manpower Data/Other Source #2	49	68	AL	
28	Manpower Data/Other Source Year #2	69	70	N	

SOURCE DATA INSTRUMENT

APPLICATION FOR APPROVAL OF A NEW VOCATIONAL PROGRAM

CARD CODE	LEVEL
1103C	Secondary
2103C	Post-Secondary
3103C	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To	INSTRUCTIONS	
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	NR	
2	Program Code	14	19	NR	
3	Program Approval Number	20	25	NR	
29	Support Need #1	26		A	If Checked Punch Alpha "X"
30	Support Need Source #1	27	46	AL	
31	Support Need Year #1	47	48	N	
32	Support Need #2	49		A	If Checked Punch Alpha "X"
33	Support Need Source #2	50	69	AL	
34	Support Need Year #2	70	71	N	

SOURCE DATA INSTRUMENT

APPLICATION FOR APPROVAL OF A NEW VOCATIONAL PROGRAM

CARD CODE	LEVEL
1103D	Secondary
2103D	Post-Secondary
3103D	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To	INSTRUCTIONS	
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	NR	
2	Program Code	14	19	NR	
3	Program Approval Number	20	25	NR	
35	Private Sector Contribution	26	30	NOR	
36	Square Foot Usage/No Charge	31	34	NOR	

SOURCE DATA INSTRUMENT

APPLICATION FOR APPROVAL OF A NEW VOCATIONAL PROGRAM

CARD CODE	LEVEL
1103E	Secondary
2103E	Post-Secondary
3103E	Adult

Item #12 of this SDI can have up to four responses. To capture all responses a maximum of two cards must be used. Lines "A" and "B" must be recorded in the first card and lines "C" and "D" must be recorded in the second card. If the second card must be punched, columns 1 through 24 must again be punched with identical information as in the first card.

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To	INSTRUCTIONS	
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	N	
2	Program Code	14	19	N	
3	Program Approval Number	20	25	N	
37	Private Sector Providing Field #1	26	45	A	
70	Private Sector Providing Field #2	46	65	A	

SOURCE DATA INSTRUMENT

APPLICATION FOR APPROVAL OF A NEW VOCATIONAL PROGRAM

CARD CODE	LEVEL
1103F	Secondary
2103F	Post-Secondary
3103F	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	To	INSTRUCTIONS	
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	NR	
2	Program Code	14	19	NR	
3	Program Approval Number	20	25	NR	
38	Agency Contribution	26	31	NOR	
39	Square Foot/Agency Supplied	32	36	NOR	

SOURCE DATA INSTRUMENT

APPLICATION FOR APPROVAL OF A NEW VOCATIONAL PROGRAM

CARD CODE	LEVEL
1103G	Secondary
2103G	Post-Secondary
3103G	Adult

Item #14 of this SDI can have up to four responses. To capture all responses a maximum of two cards must be used. Lines "A" and "B" must be recorded in the first card and lines "C" and "D" must be recorded in the second card. If the second card must be punched, columns 1 through 24 must again be punched with identical information as in the first card.

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To	INSTRUCTIONS	
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	NR	
2	Program Code	14	19	NR	
3	Program Approval Number	20	25	NR	
40	Governmental Group Providing Contributions Field #1	26	45	AL	
71	Governmental Group Providing Contributions Field #2	46	65	AL	

SOURCE DATA INSTRUMENT

APPLICATION FOR APPROVAL OF A NEW VOCATIONAL PROGRAM

CARD CODE	LEVEL
	Secondary
2103H	Post-Secondary
3103H	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To		INSTRUCTIONS
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	NR	
2	Program Code	14	19	NR	
3	Program Approval Number	20	25	NR	
41	Program Access	26		N	If "Yes" Punch "1" If "No" Punch "2"

SOURCE DATA INSTRUMENT

APPLICATION FOR APPROVAL OF A NEW VOCATIONAL PROGRAM

CARD CODE	LEVEL
1103I	Secondary
2103I	Post-Secondary
3103I	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To	INSTRUCTIONS
		1	5	A Card Code As Indicated Above
1	District Number	6	13	NR
2	Program Code	14	19	NR
3	Program Approval Number	20	25	NR
42	Course Name	26	55	AL
43	Average Hours Instruction Per Week	56	57	NOR
44	Number Of Weeks To Complete Course	58	60	NOR
45	Total Contact Hours To Complete This Course	61	63	NOR
46	Course Code	64	67	NOR

SOURCE DATA INSTRUMENT

APPLICATION FOR APPROVAL OF A NEW VOCATIONAL PROGRAM

CARD CODE	LEVEL
1103J	Secondary
2103J	Post-Secondary
3103J	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To	INSTRUCTIONS	
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	NR	
2	Program Code	14	19	NR	
3	Program Approval Number	20	25	NR	
47	Name of School Or Community Facility	26	45	AL	
48	Square Foot Lab/Shop	46	49	NOR	
49	Number Hours Per Week Used	50	51	NOR	
50	Square Feet For Related Instructor	52	55	NOR	
51	Number Hours Per Week Used By Related Instructor	56	57	NOR	
52	Building Number	58	60	NOR	

CARD CODE	LEVEL
1103K	Secondary*
2103K	Post-Secondary
3103K	Adult

There may be more than one specific job entered. This card must be punched in total for each entry made in the SDI.

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To	INSTRUCTIONS	
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	NR	
2	Program Code	14	19	NR	
3	Program Approval Number	20	25	NR	
53	Job Titles	26	50	AL	
54	D.O.T. Codes	51	61	NR	
55	Entry Level Wages Per Hour	62	65	NOR	

SOURCE DATA INSTRUMENT

APPLICATION FOR APPROVAL OF A NEW VOCATIONAL PROGRAM

CARD CODE	LEVEL
1103L	Secondary
2103L	Post-Secondary
3103L	Adult

A card must be punched for each advisory committee title line entry made. Each card must have columns 1 through 24 punched with the appropriate data.

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To	INSTRUCTIONS	
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	N	
2	Program Code	14	19	N	
3	Program Approval Number	20	25	N	
56	Terminal Performances	26	50	AL	
57	Terminal Codes	51	54	NR	

SOURCE DATA INSTRUMENT

APPLICATION FOR APPROVAL OF A NEW VOCATIONAL PROGRAM

CARD CODE	LEVEL
1103M	Secondary
2103M	Post-Secondary
3103M	Adult

A card must be punched for each advisory committee title line entry made. Each card must have columns 1 through 24 punched with the appropriate data.

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To	INSTRUCTIONS	
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	NR	
2	Program Code	14	19	NR	
3	Program Approval Number	20	25	NR	
58	Parents	26	27	NOR	
59	Students	28	29	NOR	
60	Educators	30	31	NOR	
61	Others	32	33	NOR	
62	Business Employers	34	35	NOR	
63	Business Employees	36	37	NOR	
64	Industry Employers	38	39	NOR	
65	Industry Employees	40	41	NOR	
66	P/S Employers	42	43	NOR	
67	P/S Employees	44	45	NOR	
68	Govt. Employers	46	47	NOR	
69	Govt. Employees	48	49	NOR	

FORM NO: 104

FORM NAME: Application for Approval for Continuing Vocational Programs

DATA REPRESENTED: Manpower Needs
Program Description and Changes

SCHEDULE: Spring

TO BE COMPLETED BY: Authorized official of the local vocational education agency.

CODING INSTRUCTIONS: No special coding is required on this form.

SPECIAL INSTRUCTIONS: None

TO BE SUBMITTED BY:

APPLICATION FOR APPROVAL
of
A CONTINUING VOCATIONAL PROGRAM

(1) District Code | Name of Local Agency | County | Signature and Title of Local Authorized Official

(2) Program Code | (3) Program Approval No. | Program Name | Date

1. To what extent will groups in the private sector be contributing to this instructional program this year?

   $ (4) in direct funding, or in the value of donated or loaned equipment.

   (5) square feet of classroom or laboratory space provided without charge to the school district.

2. Name the groups or organizations in the private sector providing these contributions this year.

   a (6) _____

   b (7) _____

   c _____

   d _____

3. To what extent will federal, state, and local agencies in the public sector be contributing to this program this year?

   $ (8) in direct funding, or in value of donated or loaned equipment.

   (9) square feet of classroom or laboratory space provided without charge to the school district.

4. Name the governmental groups providing these contributions this year.

   a (10) _____

   b (11) _____

   c _____

   d _____

5. Estimate the wages which will be earned this school year by students in this program participating in cooperative or work-study experiences.

   $ (12)

   (13) No. of students participating.

6. Has this program provided an extended school day or flexible scheduling this year to students with special needs?

   (14) 1 ☐ yes
   2 ☐ no

7. What evidence (if any) about local labor market demand has been obtained this year which supports the continuing need for this program?

   (15) ☐ – a local area manpower survey conducted by:

   (16) _____
   source

   (17) ☐ – manpower data from other sources:

   (18) _____
   source

   (19) _____
   source

8. What evidence (if any) about regional, statewide, or national labor market demand has been obtained this year which supports the continuing need for this program?

   (20) _____
   source

   (21) _____
   source

Use this item to: report changes next year in columns 2-4 for currently offered vocational courses (transaction code 1); additional vocational courses to be offered next year (transaction code 2); and to report currently offered courses which will be deleted next year (transaction code 3).

1	2	3	4	5	6
Course Name	Avg. no. of hours of instruction per week for students in this course	No. of weeks to complete this course (this can span more than 1 year)	Total contact hours to complete this course	Course Code	Transaction Code - 1 a change 2 an addition 3 a deletion
(27)	(28)	(29)	(30)	(31)	(32)

Use this item to report: changes next year in space utilization for current program locations (transaction code 1); new locations for this program for next year (transaction code 2); and to report schools and community facilities which will no longer use this program next year (transaction code 3). For each transaction reported provide all the information called for in columns 1-4.

1	2				3	4
	SPACE UTILIZATION					
Name of School or Community Facility	Square Feet to be Allocated for Lab/Shop Instruction	No. of Hours Per Week This Space to be Used for Lab/ Shop Instruction	Square Feet to be Allocated for Related Instruction	No. of Hours Per Week this Space to be Used for Related Instruction	School Building Number	Transaction Code 1=a change 2=an addition 3=a deletion
(33)	(34)	(35)	(36)	(37)	(38)	(39)

Use this item only if there are any differences from that reported last year in job titles, D.O.T. codes or entry-level wages. If there are differences, provide the information called for in columns 1-4.

1	2	3	4
Job Title	Dictionary of Occupational Title Code	Entry Level Wage Per Hour	Transaction Code 1=a change 2=an addition 3=a deletion
(40)	(41)	(42)	(43)

Use this item only if there are any differences from last year in the major terminal performances students are expected to attain in order to be considered employable in the area for which trained. If there are differences, provide the information called for in Columns 1–3.

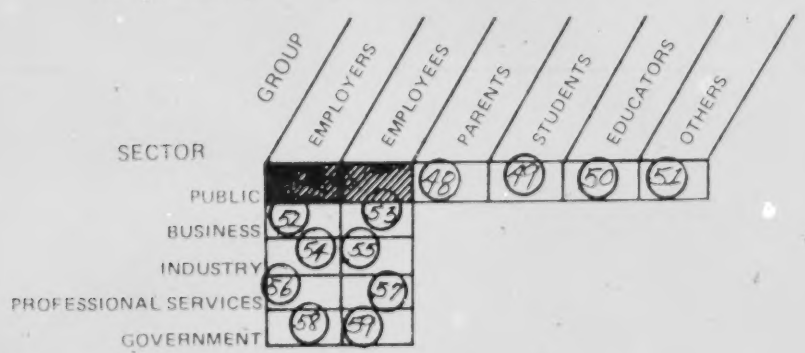
1	2	3
Terminal Performance	Terminal Performance Code	Transaction Code 1 = a change 2 = an addition 3 = a deletion
(44)	(45)	(46)

How many separate advisory committees to this program are currently in operation?

(47) _____

List below the number of persons on the advisory committee(s) to this program.

Note: If there is more than one advisory committee to this program do not prepare a separate matrix for each committee; instead, combine the memberships for all the committees for inclusion in the one matrix provided below.



SOURCE DATA INSTRUMENT

APPLICATION FOR APPROVAL FOR CONTINUING VOCATIONAL PROGRAMS

CARD CODE	LEVEL
1104A	Secondary
2104A	Post-Secondary
3104A	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To	INSTRUCTIONS	
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	NR	
2	Program Number	14	19	NR	
3	Program Approval Number	20	25	NR	
4	Private Sector - Contribution	26	30	NOR	
5	Private Sector - Square Feet	31	34	NOR	

SOURCE DATA INSTRUMENT

APPLICATION FOR APPROVAL FOR CONTINUING VOCATIONAL PROGRAMS

CARD CODE	LEVEL
1104B	Secondary
2104B	Post-Secondary
3104B	Adult

SDI item #2 can have up to four responses. A maximum of two cards must be used to capture all responses. Lines "A" and "B" must be punched on the first card and lines "C" and "D" must be punched on the second card. If the second card is punched, columns 1 through 24 must be punched with the same information as on the first card.

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	To	INSTRUCTIONS	
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	NR	
2	Program Number	14	19	NR	
3	Program Approval Number	20	25	NR	
6	Private Sector Providing Contribution Field #1	26	45	AL	
7	Private Sector Providing Contribution Field #2	46	65	AL	

SOURCE DATA INSTRUMENT

APPLICATION FOR APPROVAL FOR FOR CONTINUING VOCATIONAL PROGRAMS

CARD CODE	LEVEL
1104C	Secondary
2104C	Post-Secondary
3104C	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To	INSTRUCTIONS	
		1	5	A	Card Code As Indicated Above.
1	District Number	6	13	NR	
2	Program Number	14	19	NR	
3	Program Approval Number	20	25	NR	
8	Agency Contribution	26	30	NOR	
9	Square Feet Agency Supplied	31	34	NOR	

SOURCE DATA INSTRUMENT

APPLICATION FOR APPROVAL FOR CONTINUING VOCATIONAL PROGRAMS

CARD CODE	LEVEL
1104D	Secondary
2104D	Post-Secondary
3104D	Adult

SDI item #4 can have up to four responses. A maximum of two cards must be used to capture all responses. Lines "A" and "B" must be punched on the first card and lines "C" and "D" must be punched on the second card. If the second card is punched, columns 1 through 24 must be punched with the same information as on the first card.

FIELD NO.	FIELD IDENTIFICATION	COLUMN FROM	COLUMN TO		INSTRUCTIONS
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	NR	
2	Program Number	14	19	NR	
3	Program Approval Number	20	25	NR	
10	Government Group Providing Contribution Field #1	26	45	AL	
11	Government Group Providing Contribution Field #2	46	65	AL	

SOURCE DATA INSTRUMENT

APPLICATION FOR APPROVAL FOR CONTINUING VOCATIONAL PROGRAMS

CARD CODE	LEVEL
1104E	Secondary
2104E	Post-Secondary
3104E	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To		INSTRUCTIONS
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	NR	
2	Program Number	14	19	NR	
3	Program Approval Number	20	25	NR	
12	Total Wage By Student	26	30	NOR	
13	No. Of Students Participating	31	33	N	

SOURCE DATA INSTRUMENT

APPLICATION FOR APPROVAL FOR CONTINUING VOCATIONAL PROGRAMS

CARD CODE	LEVEL
1104F	Secondary
2104F	Post-Secondary
3104F	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To		INSTRUCTIONS
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	NR	
2	Program Code	14	19	NR	
3	Program Approval Number	20	25	NR	
14	Special Needs - Extended/ Flexible.	26		N	If "Yes" Punch "1" If "No" Punch "2"
15	Manpower Survey	27		A	If Checked Punch Alpha "X".
16	Manpower Survey Conducted By	28	47	AL	

SOURCE DATA INSTRUMENT

APPLICATION FOR APPROVAL FOR CONTINUING VOCATIONAL PROGRAMS

CARD CODE	LEVEL
1104G	Secondary
2104G	Post-Secondary
3104G	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To		INSTRUCTIONS
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	NR	
2	Program Code	14	19	NR	
3	Program Approval Number	20	25	NR	
17	Other Sources	26		A	If Checked Punch Alpha "X"
18	Manpower Data/Other Sources #1	27	46	AL	
19	Manpower Data/Other Sources #2	49	68	AL	

SOURCE DATA INSTRUMENT

APPLICATION FOR APPROVAL FOR CONTINUING VOCATIONAL PROGRAMS

CARD CODE	LEVEL
1104H	Secondary
2104H	Post-Secondary
3104H	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	To	INSTRUCTIONS	
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	NR	
2	Program Code	14	19	NR	
3	Program Approval Number	20	25	NR	
20	Support Need - Source #1	27	46	AL	
21	Support Need - Source #2	50	69	AL	

SOURCE DATA INSTRUMENT

APPLICATION FOR APPROVAL FOR CONTINUING VOCATIONAL PROGRAMS

CARD CODE	LEVEL
1104I	Secondary
2104I	Post-Secondary
3104I	Adult

SDI items #27 through #32 constitute a single response for one course. Each course reported must be punched on a spearate card. If more than one card is punched, columns 1 through 25 must be punched with the same information as on the first card.

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To	INSTRUCTIONS	
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	NR	
2	Program Number	14	19	NR	
3	Program Approval Number	20	25	NR	
27	Course Name	26	45	AL	
28	Average Hours Per Week	46	47	NOR	
29	Number Of Weeks	48	50	NOR	
30	Total Hours To Complete	51	53	NOR	
31	Course Code	54	58	NOR	
32	Transaction Code	59		N	

SOURCE DATA INSTRUMENT

APPLICATION FOR APPROVAL FOR CONTINUING VOCATIONAL PROGRAMS

CARD CODE	LEVEL
1104J	Secondary
2104J	Post-Secondary
3104J	Adult

SDI items #33 through #39 constitute a single response for one institution. Each institution reported must be punched on a separate card. If more than one card is punched, columns 1 through 25 must be punched with the same information as on the first card.

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To	INSTRUCTIONS	
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	NR	
2	Program Number	14	19	NR	
3	Program Approval Number	20	25	NR	
33	School Name Or Community Facility	26	45	AL	
34	Square Feet Lab/Shop	46	49	NOR	
35	Number Of Hours Used Per Week	50	51	NOR	
36	Square Feet Related Instruction	52	55	NOR	
37	Number Of Hours Related Instruction	56	57	NOR	
38	Building Number	58	60	NOR	
39	Transaction Code	61		N	

SOURCE DATA INSTRUMENT

APPLICATION FOR APPROVAL FOR CONTINUING VOCATIONAL PROGRAMS

CARD CODE	LEVEL
1104K	Secondary
2104K	Post-Secondary
3104K	Adult

SDI items #40 through #43 constitute a a single response for one specified job. Each job reported must be punched on a separate card. If more than one card is punched, columns 1 through 25 must be punched with the same information as on the first card.

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To	INSTRUCTIONS	
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	NR	
2	Program Number	14	19	NR	
3	Program Approval Number	20	25	NR	
40	Job Title	26	50	AL	
41	D.O.T. Codes	51	61	NR	
42	Entry Level Wages Per Hour	62	65	NOR	
43	Transaction Code	66		N	

SOURCE DATA INSTRUMENT

APPLICATION FOR APPROVAL FOR CONTINUING VOCATIONAL PROGRAMS

CARD CODE	LEVEL
1104L	Secondary
2104L	Post-Secondary
3104L	Adult

SDI items #44 and #46 constitute a single response for one specific performance. Each performance reported must be punched on a separate card. If more than one card is punched, columns 1 through 25 must be punched with the same information as on the first card.

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To		INSTRUCTIONS
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	NR	
2	Program Number	14	19	NR	
3	Program Approval Number	20	25	NR	
44	Terminal Performances	26	50	AL	
45	Terminal Codes	51	54	NR	
46	Transaction Code	55		N	

SOURCE DATA INSTRUMENT

APPLICATION FOR APPROVAL FOR CONTINUING VOCATIONAL PROGRAMS

CARD CODE	LEVEL
1104M	Secondary
2104M	Post-Secondary
3102M	Adult

SDI items from #47 down constitute a single response for one specific committee. Each committee reported must be punched on a separate card. If more than one card is punched, columns 1 through 25 must be punched with the same information as on the first card. Columns 26 and 27 must be left blank on all except the first card.

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To	INSTRUCTIONS
		1	5	A Card Code As Indicated Above
1	District Number	6	13	NR
2	Program Number	14	19	NR
3	Program Approval Number	20	25	NR
47	Number Advisory Committees	26	27	NOR
48	Parents	28	29	NOR
49	Students	30	31	NOR
50	Educators	32	33	NOR
51	Others	34	35	NOR
52	Business Employers	36	37	NOR
53	Business Employees	38	39	NOR
54	Ind. Employers	40	41	NOR
55	Ind. Employees	42	43	NOR
56	P/S Employers	44	45	NOR
57	P/S Employees	46	47	NOR
58	Govt. Employers	48	49	NOR
59	Govt. Employees	50	51	NOR

FORM NO: 105

FORM NAME: Request for Approval for Equipment, Special Materials, and Services

DATA REPRESENTED: Financial

Materials/Supplies

SCHEDULE: Spring

TO BE COMPLETED BY: Authorized official of the local vocational education agency.

CODING INSTRUCTIONS: In the column entitled, "Purpose," enter 1 for new or 2 for replacement for each item described in the first column.

SPECIAL INSTRUCTIONS: This form might also be attached to a request for new program approval in addition to submittal in the spring for continuing and previously requested new programs.

TO BE SUBMITTED BY:

REQUEST FOR APPROVAL

EQUIPMENT, SPECIAL MATERIALS, SERVICES

(1) DISTRICT CODE	NAME OF LOCAL AGENCY	COUNTY	SIGNATURE AND TITLE OF LOCAL AUTHORIZED OFFICIAL
(2) PROGRAM CODE	(3) PROGRAM APPROVAL NO.	PROGRAM NAME	DATE

Description of Equipment, Special Materials, or Services	Code for Equipment, Special Materials, or Services	Number of Units Needed and Requested for Reimbursement	Estimated Cost per Unit by Type(s) of acquisition considered		Maximum Total Estimated Cost for All Units	Purpose	State Use Only		
			by Purchase	by Contract for Services or Lease/Rental		Code 1 if new to this instructional program Code 2 if needed for replacement	Number of Units Approved	Approval Deferred Pending Further Review	Initials of Person Approving or Deferring
(4)	(5)	(6)	(7)	(8)	(9)	(11)	(12)	(13)	(14)
(1)									70

SOURCE DATA INSTRUMENT

REQUEST FOR APPROVAL FOR EQUIPMENT, SPECIAL MATERIALS, AND SERVICES

CARD CODE	LEVEL
1105A	Secondary
2105A	Post-Secondary
3105A	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To	INSTRUCTIONS	
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	NR	
2	Program Code	14	19	NR	
3	Program Approval Number	20	25	NR	
4	Description	26	50	AL	
5	Code For Equipment, Special Materials Or Services	51	57	NR	
6	Number Of Units	58	59	NOR	
7	Estimated Cost Per Unit By Purchase	60	64	NOR	
8	Estimated Cost Per Unit By Contract Or Lease	65	69	NOR	
9	Total Estimated Costs For All Units	70	74	NOR	

SOURCE DATA INSTRUMENT

REQUEST FOR APPROVAL FOR EQUIPMENT, SPECIAL MATERIALS, AND SERVICES

CARD CODE	LEVEL
1105B	Secondary
2105B	Post-Secondary
3105B	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To	INSTRUCTIONS	
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	NR	
2	Program Code	14	19	NR	
3	Program Approval Number	20	25	NR	
11	Purpose	26		N	If "1" Is Checked Punch "1" If "2" Is Checked Punch "2"
12	Number Of Units Approved	27	28	NOR	
13	Approval Deferred	29		A	If Checked Punch Alpha "X"
14	Initials Person Approving Or Deferring	30	32	A	

FORM NO: 107

FORM NAME: Current and Projected Administrative, Supervisory, and Ancillary Staff Requirements

DATA REPRESENTED: Financial

Staff

SCHEDULE: Post Term for Actual and Estimates; Mid-Term for Revised Estimates

TO BE COMPLETED BY: Authorized official for the local vocational education agency.

CODING INSTRUCTIONS: No special coding is required to complete this form.

SPECIAL INSTRUCTIONS: None

TO BE SUBMITTED TO:

SECONDARY, POST-SECONDARY AND ADULT LEVEL

CURRENT AND PROJECTED REQUIREMENTS
for
ADMINISTRATIVE, SUPERVISORY, AND ANCILLARY STAFF

(1)

District Code _____ Name of Local Agency _____ County _____ Signature and Title of Local Authorized Official _____

POSITION (2)	POSITION CODE (3)	#	YEAR (5)	NUMBER OF PERSONS IN POSITION: FULL TIME (6)	PART-TIME (7)	FTE PERSONS (8)	POSITION COSTS (9)
LOCAL DIRECTOR	1	1	Rev. Est. 1975-1976				
		2	Actual 1975-1976				
		3	Est. 1976-1977				
		4	Est. 1977-1978				
		5	Est. 1978-1979				
PROGRAM SUPERVISOR	2	1	Rev. Est. 1975-1976				
		2	Actual 1975-1976				
		3	Est. 1976-1977				
		4	Est. 1977-1978				
		5	Est. 1978-1979				
VOC. GUIDANCE/ PLACEMENT PERSONNEL	3	1	Rev. Est. 1975-1976				
		2	Actual 1975-1976				
		3	Est. 1976-1977				
		4	Est. 1977-1978				
		5	Est. 1978-1979				
VOCATIONAL COORDINATOR	4	1	Rev. Est. 1975-1976				
		2	Actual 1975-1976				
		3	Est. 1976-1977				
		4	Est. 1977-1978				
		5	Est. 1978-1979				
OTHERS, e.g., Curriculum Specialists Teacher Trainers	5	1	Rev. Est. 1975-1976				
		2	Actual 1975-1976				
		3	Est. 1976-1977				
		4	Est. 1977-1978				
		5	Est. 1978-1979				

SOURCE DATA INSTRUMENT

CURRENT AND PROJECTED ADMINISTRATIVE, SUPERVISORY, AND ANCILLARY STAFF REQUIREMENTS

CARD CODE	LEVEL
1107A	[illegible]
2107A	Post Secondary
3107A	Adult

For each position entry made there can be up to five lines of information coded. Each line must be punched in a separate card with the appropriate card code, district number, and position code. This information must be the same for each five line entry. Position name must be punched in the first card only of each five line group.

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To	INSTRUCTIONS	
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	NR	
2	Position Name	14	38	AL	
3	Position Code	39		N	
4	Cycle	40		N	
5	Year	41	42	N	Use This Field For The Est. Line Entry. Punch The Last Character Of Each Year
6	Full Time	43	44	NOR	
7	Part Time	45	46	NOR	
8	F.T.E. Persons	47	49	NOR	
9	Position Costs	50	55	NOR	

FORM NO: 108

FORM NAME: Current and Projected Vocational Education Instructional Staff Requirements

DATA REPRESENTED: Staff

SCHEDULE: Post Term for Actual and Estimates; Mid-Term for Revised Estimates.

TO BE COMPLETED BY: Authorized official of the local vocational education agency.

CODING INSTRUCTIONS: No special coding is required.

SPECIAL INSTRUCTIONS: None

TO BE SUBMITTED TO:

CURRENT AND PROJECTED REQUIREMENTS FOR INSTRUCTIONAL STAFF

(1) District Code | Name of Local Agency | County | Signature and Title of Local Authorized Official

(2) Program Code | (3) Program Approval No | Program Name

POSITION (4)	POSITION CODE	YEAR (7)	NUMBER OF PERSONS IN POSITION		
			FULL TIME	PART TIME	FTE PERSONS
TEACHER	(5)	Rev. Est. 1975-1976	(8)	(9)	(10)
		Actual 1975-1976			
		Est. 1976-1977			
		Est. 1977-1978			
		Est. 1978-1979			
TEACHER AIDE	7	Rev. Est. 1975-1976			
		Actual 1975-1976			
		Est. 1976-1977			
		Est. 1977-1978			
		Est. 1978-1979			

SOURCE DATA INSTRUMENT

CURRENT AND PROJECTED VOCATIONAL EDUCATION INSTRUCTIONAL STAFF REQUIREMENTS

CARD CODE	USE
1108A	[illegible]
2108A	[illegible]
3108A	[illegible]

For each position entry made there can be up to five lines of information coded. Each line must be punched in a separate line with the appropriate card code, program approval number and position code. This information must be the same for each five line entry. Position name must be punched in the first card only of each five line entry.

INSTRUCTIONS

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To		INSTRUCTIONS
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	NR	
2	Program Code	14	19	NR	
3	Program Approval Number	20	25	NR	
4	Position Name	26	50	AL	
5	Position Code	51		N	
6	Cycle	52		N	
7	Year	53	54	N	Use This Field For Est. Line Entry. Punch The Last Character Of Each Year
8	Full Time	55	56	NOR	
9	Part Time	57	58	NOR	
10	F.T.E. Persons	59	62	NOR	

FORM NO: 109

FORM NAME: Vocational Education Administrative, Supervisory and Ancillary Staff Information

DATA REPRESENTED: Staff

SCHEDULE: Post Term

TO BE COMPLETED BY: Authorized official for the local vocational education agency.

CODING INSTRUCTIONS: No special coding is required.

SPECIAL INSTRUCTIONS: The forms should be completed in the late summer or early fall in order to include professional improvement activities engaged in by the staff during the summer. Thus, all professional improvement for the past year can be included.

TO BE SUBMITTED TO:

SECONDARY, POST-SECONDARY AND ADULT LEVEL

VOCATIONAL EDUCATION ADMINISTRATIVE, SUPERVISORY AND ANCILLARY STAFF INFORMATION

(1) DISTRICT CODE _____ NAME OF LOCAL AGENCY _____ COUNTY _____ SIGNATURE AND TITLE OF LOCAL AUTHORIZED OFFICIAL

_____ DATE

NAME OF STAFF PERSON Last (2)	First (3)	MI (4)	SOCIAL SECURITY NUMBER (5)	POSITION CODE 1. Local Director 2. Prog. Supvr. 3. Voc. Guidance/ Placement Personnel 4. Voc. Supervisor (6)	PROFESSIONAL IMPROVEMENT INFO COURSEWORK 1974-75 CREDIT HOURS (7)	SEMINARS, WORKSHOPS 1974-75 (8)	SEMINARS, WORKSHOPS 1974-75 HRS PARTIC PATED (9)	WORK EXPER. 1974-75 HOURS WORKED (10)	CHECK IF COUNSELOR TO STUDENT ORGANIZATION (11)

SOURCE DATA INSTRUMENT

VOCATIONAL EDUCATION ADMINISTRATIVE, SUPERVISORY AND ANCILLARY STAFF INFORMATION

CARD CODE	DESIGN
1109A	[illegible]
2109A	[illegible]
3109A	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To		INSTRUCTIONS
		1	5	A	Card Code As Indicated Above
2	Social Security Number	6	16	AL	Punch Social Security Number Including Dashes
3	Last Name	17	31	AL	
4	First Name	32	41	AL	
5	Middle Initial	42		AL	
6	Position Code	43		A	Punch "1" For Local Director Punch "2" For Prog. Super. Punch "3" For Voc. Guid. Punch "4" For Voc. Super. Punch "5" For Other
7	Course Work-Credit Hours Completed	44	45	NOR	
8	Seminar/Workshops-Number Attended	46	47	NOR	
9	Seminar/Workshops Hours Participated	48	50	NOR	
10	Work Experience-Number Hours Worked	51	53	NOR	

SOURCE DATA INSTRUMENT

VOCATIONAL EDUCATION ADMINISTRATIVE, SUPERVISORY AND ANCILLARY STAFF INFORMATION

CARD CODE	LEVEL
1109A	Secondary
2109A	Post-Secondary
3109A	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN FROM	TO	INSTRUCTIONS	
11	Advisor To Vocational Student Organization	54		A	If Checked Punch Alpha "X"
		55	72		Do Not Punch
1	District Number	73	80	N	

FORM NO: 110

FORM NAME: Vocational Education Instructional Staff Information

DATA REPRESENTED: Staff

SCHEDULE: Post Term

TO BE COMPLETED BY: Authorized official for the local vocational education agency.

CODING INSTRUCTIONS: In the third column entitled "Position," enter 1 for teacher or 2 for aide.

SPECIAL INSTRUCTIONS: The forms should be completed in the late summer or early fall in order to include professional improvement activities engaged in by the instructional staff during the summer. Thus, all professional improvement for the past year can be included.

The teaching assignments, however, are to reflect the assignments for an individual for the coming school year.

TO BE SUBMITTED TO:

SECONDARY, POST-SECONDARY AND ADULT LEVEL
VOCATIONAL EDUCATION INSTRUCTIONAL STAFF INFORMATION

Page ___ of ___ pages

(1)
District Code | Name of Local Agency | County | Signature and Title of Local Authorized Official

1			2	3	4			5				6
NAME			SOCIAL SECURITY NUMBER	Position Code Teacher =1 Aide =2	TEACHING ASSIGNMENTS			PROFESSIONAL IMPROVEMENT INFORMATION 1974-1975				
Last Name	First Name	MI			Instructional Program Code	Instructional Program Code	Instructional Program Code	Course Code	Semester Weeks No.	Hours Each Related	Hours Each Unrelated	Vocational Student Organization
(3)	(4)	(5)	(2)	(6)	(7)	(8)	(9)	(13)	(14)	(15)	(16)	(17)

81 83

FORM NO: 111

FORM NAME: Application for Vocational Credential

DATA REPRESENTED: Staff

SCHEDULE: These forms may be submitted at any time of the year which fits the requirements of the individual and/or state credential agency.

TO BE COMPLETED BY: The form is to be completed by the individual making application for credential except for the section marked "For State Use Only."

CODING INSTRUCTIONS: No special coding is required.

SPECIAL INSTRUCTIONS: For purposes of the field trial, the form required by Colorado is used. The system design allows for the modification necessary to substitute the form required by any state utilizing MISVE.

TO BE SUBMITTED TO:

VT 104

DIVISION OF OCCUPATIONAL EDUCATION
CREDENTIALING SECTION

APPLICATION FOR VOCATIONAL CREDENTIAL

For a NEW Credential — Complete Sections A and B only and sign bottom of last page

For a Credential RENEWAL — Complete Sections A and C only and sign bottom of last page

SECTION A. Personal Information

(1) (2) (3)

(4) (5) (6)

(36) (37) (38) (51) (40)

MAIDEN NAME

(Check the square(s) on the right for each type of Credential for which you are applying. List below the Program Area and Specific Program for which you are applying.)

- ☐ INSTRUCTOR 26
- ☐ SUPERVISOR 29
- ☐ LOCAL DIRECTOR OR ASSISTANT 27 (7)
- ☐ TEACHER AIDE 30
- ☐ GUIDANCE OR JOB DEVELOPMENT SPECIALIST 28
- ☐ OTHER (SPECIFY) 31

PROGRAM AREA (15)	SPECIFIC PROGRAM	LEVEL (14)				LENGTH (23)	
		Secondary	Post-Secondary	Adult	Special	Full Time	Part Time
(16) (19)		(20)	(17)			(21)	(18)

Full time is more than 300 clock hours per year, part time is less than 300

(24) YES 41 ____ NO ____

YES ____ NO ____

(22) 42 Date Issued Expiration Date

(24) (26)

(25) 44

(STATE) (ZIP CODE)

FOR STATE USE ONLY

(DATE)

☐ Initial Credential ☐ Letter of Approval
☐ 1 Year ☐ 5 Year ☐ Other
Year of Expiration 69

(27)

SECTION B. Statement of Qualifications

OCCUPATIONAL AND TEACHING EXPERIENCE

In the spaces below, record all employment, teaching and other experience which is related to the position for which you are applying. LIST THE MOST RECENT POSITION FIRST.

Qualifications for positions in Agricultural Education should include full-time work after the age of 16, paid and unpaid, and should differentiate between years of year-round and summer work. Qualifications for positions in Home Economics should include similar experience in managing a home. ANY MILITARY EXPERIENCE RELATED TO THE POSITION SHOULD BE INCLUDED. (NOTE: If a recognized equivalency examination has been taken, give date(s) and grade achieved.)

OCCUPATIONAL EXPERIENCE

DATES OF EMPLOYMENT FROM (Mo./Yr.)	DATES OF EMPLOYMENT TO (Mo./Yr.)	Total Hours Empl.	Total Months Empl.	NAME AND ADDRESS OF EMPLOYER	*DESCRIPTION OF WORK PERSONALLY PERFORMED BY YOU
NOTE: 2000 hours equal one year			(28)		*Be specific - list all machines operated, skilled work or services performed, and supervisory experience, including number of employees supervised. USE ADDITIONAL SHEETS IF NECESSARY.

54

TEACHING EXPERIENCE

DATES OF EMPLOYMENT FROM (Mo./Yr.)	DATES OF EMPLOYMENT TO (Mo./Yr.)	No. of Months Empl.	NAME AND ADDRESS OF EMPLOYER	SUBJECT TAUGHT
TOTAL YEARS TEACHING EXPERIENCE		(29)		

57

SECTION B. (cont.)

EDUCATION

NAME AND LOCATION OF SCHOOL (Include Trade, Technical, Correspondence, Business, Professional School or Apprenticeship Training. Indicate if Degree Received.)	DATES ATTENDED	MAJOR	DEGREE	DATE

REFERENCES

(List at least three persons who have knowledge of your work and are qualified to judge it.)

FULL NAME	ADDRESS	BUSINESS OCCUPATION

SECTION C. Credential Renewal Information ONLY

HAVE YOU MET THE REQUIREMENTS FOR RENEWAL OF YOUR CREDENTIAL?

NOTE: All course work, seminars and workshops must be completed within the validity period of the credential which is being renewed. For Satisfactory Performance renewal requirements, see supplemental sheet.

COURSE WORK FOR RENEWAL (Attach transcript or grade slips)

COURSE TITLE	INCLUSIVE DATES	NAME OF INSTITUTION	SEM. HRS. CREDIT
		TOTAL QTR. HOURS	32

SEMINARS AND/OR WORKSHOPS FOR RENEWAL

Name of SEMINAR OR WORKSHOP	INCLUSIVE DATES	NAME OF SPONSORING INSTITUTION OR AGENCY	NO. HRS. EARNED
		(10 Hours = 1 Quarter Hour) TOTAL QTR. HOURS	33

WORK EXPERIENCE FOR RENEWAL

JOB TITLE OR POSITION	INCLUSIVE DATES	EMPLOYER'S NAME AND ADDRESS	NO. HRS. WORKED
		TOTAL QTR. HOURS	34

I hereby certify that all information presented in this application is true and complete to the best of my knowledge. I recognize and accept that my Vocational Credential may be revoked if any of the given information or statements are false.

35
(Date)

SOURCE DATA INSTRUMENT

APPLICATION FOR VOCATIONAL CREDENTIAL

CARD CODE	LEVEL
1110A	Secondary
2110A	Post-Secondary
3110A	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN TO		INSTRUCTIONS
		1	5	A	Card Code As Indicated Above
2	Social Security Number	6	16	A	Punch Social Security Number Including Dashes
3	Last Name	17	31	A	
4	First Name	32	41	A	
5	Middle Initial	42		A	
6	Position	43		N	If "Teacher" Checked Punch "1" If "Aide" Checked Punch "2"
7	Instructional Program #1	44	49	N	
9	Instructional Program #2	50	55	N	
11	Instructional Program #3	56	61	N	
		62	72		Do Not Punch
1	District Number	73	80	N	

SOURCE DATA INSTRUMENT

APPLICATION FOR VOCATIONAL CREDENTIAL

CARD CODE	LEVEL
1110B	Secondary
2110B	Post-Secondary
3110B	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To	INSTRUCTIONS	
		1	5	A	Card Code As Indicated Above
2	Social Security Number	6	16	AL	Punch Social Security Number Including Dashes
13	Course Work-Credit Hours Completed	17	18	NOR	
14	Seminars/Workshops-Number Attended	19	20	NOR	
15	Seminars/Workshops-Hours Participated	21	23	NOR	
16	Work Experience-Number Hours Worked	24	26	NOR	
17	Advisor To Vocational Student Organization	27		A	If Checked Punch Alpha "X"
		28	72	A	Do Not Punch
1	District Number	73	80	NR	

SOURCE DATA INSTRUMENT

APPLICATION FOR VOCATIONAL CREDENTIAL

CARD CODE	LEVEL
1111A	Secondary
2111A	Post-Secondary
3111A	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To		INSTRUCTIONS
		1	5	A	Card Code As Indicated Above
1	Social Security Number	6	16	AL	Social Security Number To Be Punched Including Dashes
2	Sex	17		A	
3	Age	18	19	NR	
4	Last Name	20	30	AL	
5	First Name Initial	31		A	
	Middle Initial	32		A	
7	Position Code	33		A	Punch "1" For Local Director Punch "2" For Supervisor Punch "3" For Guidance Punch "4" For Other Punch "5" For Instructor Punch "6" For Teacher Aide
13	1st Program Area	34	35	A	
14	1st Program Level	36		N	Secondary Punch "1" Post Secondary Punch "2" Adult Punch "3"

SOURCE DATA INSTRUMENT

APPLICATION FOR VOCATIONAL CREDENTIAL

CARD CODE	LEVEL
1111A	Secondary
2111A	Post-Secondary
3111A	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To		INSTRUCTIONS
15	1st Time In Program	37		N	Secondary And Post Secondary Are Full Time Unless Otherwise Indicated Full Time Punch "1" Part Time Punch "2"
16	2nd Program Area	38	39	A	
17	2nd Program Level	40		N	Same Coding As In 1st
18	2nd Time In Program	41		N	Same Coding As In 1st
19	3rd Program Area	42	43	A	
20	3rd Program Level	44		N	Same Coding As In 1st
21	3rd Time In Program	45		N	Same Coding As In 1st
22	Hold Colorado Vocational Credential	46		N	Yes Punch "1" No Punch "2"
23	Type Of Teaching Certificate	47		N	A Punch "1" B Punch "2" C Punch "3" D Punch "4" E Punch "5" Life Punch "6" None Punch "7"

SOURCE DATA INSTRUMENT

APPLICATION FOR VOCATIONAL CREDENTIAL

CARD CODE	LEVEL
1111A	Secondary
2111A	Post-Secondary
3111A	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	To		INSTRUCTIONS
24	Occupation	48		N	Yes Punch "1" No Punch "2"
25	Name Of Institution	49	58	AL	
26	Year Of Expiration	59	60	N	
27	Renewal Conditions	61		N	9 Qtr Hrs Punch "1" 6 Qtr Hrs Punch "2" 3 Qtr Hrs Punch "5" Orientation Punch "3" Satis. Performance Punch "6" Other Punch "4"
28	Occupational Experience	62	64	NOR	
29	Teaching Experience	65	67	NOR	
30	Total Years Of Education	68	69	NR	

SOURCE DATA INSTRUMENT

APPLICATION FOR VOCATIONAL CREDENTIAL

CARD CODE	LEVEL
1111B	Secondary
2111B	Post-Secondary
3111B	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To		INSTRUCTIONS
		1	5	A	Card Code As Indicated Above
1	Social Security Number	6	16	AL	Social Security Number To Be Punched Including Dashes
31	Highest Degree Earned	17		A	None Punch "1" G.E.D. Punch "2" H.S. Diploma Puncn "3" B.S. - B.A. Punch "4" M.S. - M.A. Punch "5" PHD - EDD Punch "6" A.A Punch "7" M.D. Punch "A" DDS Punch "B" Optician Punch "C" Optometry Punch "D" LPN Punch "E" RN Punch "F" JD Punch "G" DUM Punch "H"
32	Course Work For Renewal	18	19	NOR	
33	Seminars/Workshops	20	21	NOR	
34	Work Experience	22	24	NOR	
35	Application Date	25	30	N	
36	Address	31	60	AL	

SOURCE DATA INSTRUMENT

APPLICATION FOR VOCATIONAL CREDENTIAL

CARD CODE	LEVEL
1111C	Secondary
2111C	Post-Secondary
3111C	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To		INSTRUCTIONS
		1	5	A	Card Code As Indicated Above
1	Social Security Number	6	16	AL	Social Security Number To Be Punched To Include Dashes
37	City	17	31	AL	
38	State	32	33	AL	
39	Zip Code	34	38	N	
40	Home Telephone	39	45	N	

FORM NO: 201

FORM NAME: Enrollment Data Beginning-of-Term

DATA REPRESENTED: Program

SCHEDULE: Beginning-of-Term

TO BE COMPLETED BY: Authorized official of the local vocational education agency.

CODING INSTRUCTIONS: No special coding is required on this form.

SPECIAL INSTRUCTIONS: Most programs will begin in the fall, and the enrollment data should be reported at this time. Enrollment data for programs beginning other than in the fall should be reported at the beginning of the program, whenever this may be during the year. Typically only post-secondary or adult programs will begin at a time other than the fall.

Note that the beginning-of-term enrollment is an unduplicated count of students pursuing the vocational objectives of the named program for each level.

The enrollments by category are not likely to coincide with the unduplicated count given in item 1. Students with special needs are to be assigned only to one category - disadvantaged or handicapped - as instructed on each form.

TO BE SUBMITTED TO:

SECONDARY LEVEL
BEGINNING-OF-TERM ENROLLMENT REPORT

(1) District Code	Name of Local Agency	County	Signature & Title of Local Authorized Official
(2) Program Code	(3) Program Approval No.	Program Name	Date

1. VOCATIONAL PROGRAM ENROLLMENT

Indicate the beginning-of-term vocational program enrollment (unduplicated count) for students pursuing the vocational objectives of this program.

(4) Grade Level	Vocational Program Enrollment M	F
9th	(5)	(6)
10th		
11th		
12th		
Special or Ungraded		

2. VOCATIONAL ENROLLMENT BY CATEGORY

Indicate the beginning of term vocational program enrollment by category.

Grade Level	Vocational Program Enrollment Special Needs Groups* Disadvantaged	Handicapped
9th	(7)	(8)
10th		
11th		
12th		
Special or Ungraded		

Vocational Program Enrollment Minority Groups Spanish Surname	Black	Oriental American	American Indian
(9)	(10)	(11)	(12)

*Students who are both disadvantaged and handicapped should be assigned to only one special needs category. Decide whether the physical impairment or the disadvantaging characteristic is the major condition affecting educational progress.

POST SECONDARY LEVEL ENROLLMENT DATA

Beginning-of-Term

District No.	Name of Local Agency	County	Signature and Title, Local Authorized Official

Program Code	Program Approval No.	Program Name

1. VOCATIONAL PROGRAM ENROLLMENT:

Indicate the beginning-of-term vocational program enrollment (unduplicated count) for students pursuing the vocational objectives of this program.

Grade Level (4)	Vocational Program Enrollment Total	
	M	F
1st Year		
2nd Year		

2. VOCATIONAL ENROLLMENT BY CATEGORY:

Estimate the beginning-of-term vocational program enrollment by category. Note that the totals are not likely to coincide with the enrollment count given in item 1 above.

Grade Level	Vocational Program Enrollment Special Needs Groups*		Vocational Program Enrollment Minority Goups			
	Disadvantaged	Handicapped	Spanish Surname	Black	Oriental American	American Indian
1st Year						
2nd Year						

*Students who are both disadvantaged and handicapped should be assigned to only one special needs category. Decide whether the physical impairment or the disadvantaging characteristic is the major condition affecting educational progress.

ADULT LEVEL ENROLLMENT DATA

Beginning-of-Term

District No.	Name of Local Agency	County	Signature and Title, Local Authorized Official

Program Code	Program Approval No.	Program Name

1. VOCATIONAL PROGRAM ENROLLMENT:

Indicate the beginning-of-term vocational program enrollment (unduplicated count) for students pursuing the vocational objectives of this program.

Purpose	Vocational Program Enrollment Total	
	M	F
Prep.		
Supp.		
Apprentice		

2. VOCATIONAL ENROLLMENT BY CATEGORY:

Estimate the beginning-of-term vocational program enrollment by category. Note that the totals are not likely to coincide with the enrollment count given in item 1 above.

Purpose	Vocational Program Enrollment Special Needs Groups*	
	Disadvantaged	Handicapped
Prep.		
Supp.		
Apprentice		

Vocational Program Enrollment Minority Groups			
Spanish Surname	Black	Oriental American	American Indian

*Students who are both disadvantaged and handicapped should be assigned to only one special needs category. Decide whether the physical impairment or the disadvantaging characteristic is the major condition affecting educational progress.

SOURCE DATA INSTRUMENT

ENROLLMENT DATA BEGINNING-OF-TERM

CARD CODE	LEVEL
1201A	Secondary
2201A	Post-Secondary
3201A	Adult

SDI items #5 through #12 constitute information for up to five grades. All the information for a particular grade must be punched on a signle card. If more than one grade is reported, then columns 1 through 25 must be punched with the same information as punched on the first card.

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To		INSTRUCTIONS
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	NR	
2	Program Code	14	19	NR	
3	Program Approval Number	20	25	NR	
4-1	Grade (Note: For 1201A Only)	26		N	If Data For Grade 9 Is Entered Punch "1" If Data For Grade 10 Is Entered Punch "2" If Data For Grade 11 Is Entered Punch "3" If Data For Grade 12 Is Entered Punch "4" If Data For Special Or Ungraded Is Entered Punch "5"
4-2	Grade (Note: For 2201A Only)	26		N	If Data For Grade 1st Is Entered Punch "1" If Data For Grade 2nd Is Entered Punch "2"

SOURCE DATA INSTRUMENT

ENROLLMENT DATA BEGINNING-OF-TERM

CARD CODE	LEVEL
1201A	Secondary
2201A	Post-Secondary
3201A	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	To		INSTRUCTIONS
4-3	Purpose (Note: For 3201A Only)	26		N	If Data For Prep Is Entered Punch "1" If Data For Supp Is Entered Punch "2" If Data For Apprent Is Entered Punch "3"
5	Total Male	27	29	NOR	
6	Total Female	30	32	NOR	
7	Total Disadvantaged	33	35	NOR	
8	Total Handicapped	36	38	NOR	
9	Total Spanish Surname	39	41	NOR	
10	Total Black	42	44	NOR	
11	Total Oriental American	45	47	NOR	
12	Total American Indian	48	50	NOR	

FORM NO: 202

FORM NAME: End-of-Term Enrollment Data

DATA REPRESENTED: Program

SCHEDULE: End-of-Term

TO BE COMPLETED BY: Authorized official of the local vocational education agency.

CODING INSTRUCTIONS: No special coding is required.

SPECIAL INSTRUCTIONS: None

TO BE SUBMITTED TO:

SECONDARY LEVEL
END-OF-TERM ENROLLMENT REPORT

(1) District Code	Name of Local Agency	County	Signature & Title of Local Authorized Official
(2) Program Code	(3) Program Approval No.	Program Name	Date

1. Indicate the end-of-term enrollments (unduplicated count) for students pursuing the vocational objectives of this program.

ALL STUDENTS

(4) GRADE LEVEL	NUMBER COMPLETED PROGRAM REQUIREMENTS		NUMBER WHO DROPPED OUT OF PROGRAM			
			With Marketable Skills		Without Such Skills	
	M	F	M	F	M	F
9th	(5)	(6)	(7)	(8)	(9)	(10)
10th						
11th						
12th						
Special or Ungraded						

2. Indicate the end-of-term enrollments (unduplicated count) for special needs students pursuing the vocational objectives of this program. Students who are both disadvantaged and handicapped should be assigned to only one special needs category. Decide whether the physical impairment or the disadvantaging characteristic is the major condition affecting educational progress.

SPECIAL NEEDS STUDENTS

GRADE LEVEL	NUMBER COMPLETED PROGRAM REQUIREMENTS		NUMBER WHO DROPPED OUT OF PROGRAM			
			With Marketable Skills		Without Such Skills	
	Disadv.	Handicapped	Disadv.	Handicapped	Disadv.	Handicapped
9th	(11)	(12)	(13)	(14)	(15)	(16)
10th						
11th						
12th						
Special or Ungraded						

3. Indicate the end-of-term enrollments (unduplicated count) for students from the indicated minority groups who are pursuing the vocational objectives of this program.

STUDENTS FROM MINORITY GROUPS

GRADE LEVEL	NUMBER COMPLETED PROGRAM REQUIREMENTS				NUMBER WHO DROPPED OUT OF PROGRAM							
					With Marketable Skills				Without Such Skills			
	Spanish Surname	Black	Oriental American	American Indian	Spanish Surname	Black	Oriental American	American Indian	Spanish Surname	Black	Oriental American	American Indian
9th	(17)	(18)	(19)	(20)	(21)	22	23	24	25	26	27	(28)
10th												
11th												
12th												
Special or Ungraded												

POST-SECONDARY LEVEL
END-OF-TERM ENROLLMENT DATA

(1) District No.	Name of Local Agency	County	Signature and Title, Local Authorized Official
(2) Program Code	(3) Program Approval No.		Program Name

1. Indicate the end-of-term enrollments (unduplicated count) for students pursuing the vocational objectives of this program.

Grade Level (4)	Number Completed Program Requirements		Number Dropped out		Number Status Unknown	
	M	F	M	F	M	F
1st Year	(5)	(6)	(7)	(8)	(9)	(10)
2nd Year						

2. Estimate the end-of-term enrollments (unduplicated count) for special needs students pursuing the vocational objectives of this program.

Students who are both disadvantaged and handicapped should be assigned to only one special needs category. Decide whether the physical impairment or the disadvantaging characteristic is the major condition affecting educational progress.

Grade Level	Number Completed Program Requirements		Number Dropped out		Number Status Unknown	
	Disadvantaged	Handicapped	Disadvantaged	Handicapped	Disadvantaged	Handicapped
1st Year	(11)	(12)	(13)	(14)	(15)	(16)
2nd Year						

3. Estimate the end-of-term enrollments (unduplicated count) for students from the indicated minority groups who are pursuing the vocational objectives of this program.

Grade Level	Number Completed Program Requirements				Number Dropped out				Number Status Unknown			
	Spanish Surname	Black	Oriental American	American Indian	Spanish Surname	Black	Oriental American	American Indian	Spanish Surname	Black	Oriental American	American Indian
1st Year	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)
2nd Year												

ADULT LEVEL
END-OF-TERM ENROLLMENT DATA

District No.	Name of Local Agency	County	Signature and Title, Local Authorized Official

Program Code	Program Approval No.	Program Name

1. Indicate the end-of-term enrollments (unduplicated count) for students pursuing the vocational objectives of this program.

Purpose (4)	Number Completed Program Requirements		Number Dropped out		Number Status Unknown	
	M	F	M	F	M	F
Prep.						
Supp.						
Apprentice						

2. Estimate the end-of-term enrollments (unduplicated count) for special needs students pursuing the vocational objectives of this program. Students who are both disadvantaged and handicapped should be assigned to only one special needs category. Decide whether the physical impairment or the disadvantaging characteristic is the major condition affecting educational progress.

Purpose	Number Completed Program Requirements		Number Dropped out		Number Status Unknown	
	Disadvantaged	Handicapped	Disadvantaged	Handicapped	Disadvantaged	Handicapped
Prep.						
Supp.						
Apprentice						

3. Estimate the end-of-term enrollments (unduplicated count) for students from the indicated minority groups who are pursuing the vocational objectives of this program.

Purpose	Number Completed Program Requirements				Number Dropped out				Number Status Unknown			
	Spanish Surname	Black	Oriental American	American Indian	Spanish Surname	Black	Oriental American	American Indian	Spanish Surname	Black	Oriental American	American Indian
Prep.												
Supp.												
Apprentice												

SOURCE DATA INSTRUMENT

END-OF-TERM ENROLLMENT DATA

CARD CODE	LEVEL
1202A	Secondary
	Post-Secondary
	Adult

SDI items #4 through #20 of a particular grade must be punched on a single card. If more than one grade is reported, then columns 1 through 25 must be punched with the same information as on the first card.

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	To		INSTRUCTIONS
		1	5	A	Card Code As Indicated Above
1	District Number	6	12	NR	
2	Program Code	13	18	NR	
3	Program Approval Number	19	25	NR	
4	Grade	26		N	If Data For Grade 9 Is Entered Punch "1" If Data For Grade 10 Is Entered Punch "2" If Data For Grade 11 Is Entered Punch "3" If Data For Grade 12 Is Entered Punch "4" If Data For "Special Or Ungraded" Is Entered Punch "5"
5	Number Completed Requirements-Male	27	29	NOR	
6	Number Completed Requirements-Female	30	32	NOR	
7	Number Dropped With Skills-Male	33	35	NOR	
8	Number Dropped With Skills-Female	36	38	NOR	
9	Number Dropped Without Skills-Male	39	41	NOR	

SOURCE DATA INSTRUMENT

END-OF-TERM ENROLLMENT DATA

CARD CODE	LEVEL
1202A	Secondary
	Post-Secondary
	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To	INSTRUCTIONS
10	Number Dropped Without Skills-Female	42	44	NOR
11	Number Completed-Disadvantaged	45	47	NOR
12	Number Completed-Handicapped	48	50	NOR
13	Number Dropped With Skills-Disadvantaged	51	53	NOR
14	Number Dropped With Skills-Handicapped	54	56	NOR
15	Number Dropped Without Skills-Disadvantaged	57	59	NOR
16	Number Dropped Without Skills-Handicapped	60	62	NOR
17	Number Completed-Spanish Surname	63	65	NOR
18	Number Completed-Black	66	68	NOR
19	Number Completed-Oriental American	69	71	NOR
20	Number Completed-American Indian	72	74	NOR

SOURCE DATA INSTRUMENT

END-OF-TERM ENROLLMENT DATA

CARD CODE	LEVEL
	Secondary
2202A	Post-Secondary
3202A	Adult

SDI items #4 through #20 of a particular grade must be punched on a sigle card. If more than one grade is reported, then columns 1 through 25 must be punched with the same information as on the first card.

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To	INSTRUCTIONS	
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	NR	
2	Program Number	14	19	NR	
3	Program Approval Number	20	25	NR	
4-2	Grade (Note: For 2202A Only)	26		N	If Data For Year 1 Is Entered Punch "1" If Data For Year 2 Is Entered Punch "2"
4-3	Purpose (Note: For 3202A Only)	26		N	If Data For Prep Is Entered Punch "1" If Data For Supp Is Entered Punch "2" If Data For Apprent Is Entered Punch "3"
5	Number Completed Requirements-Male	27	29	NOR	
6	Number Completed Requirements-Female	30	32	NOR	
7	Number Dropped-Male	33	35	NOR	
8	Number Dropped-Female	36	38	NOR	

SOURCE DATA INSTRUMENT

END-OF-TERM ENROLLMENT DATA

CARD CODE	LEVEL
	Secondary
2202A	Post-Secondary
3202A	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To	INSTRUCTIONS
9	Number Status Unknown-Male	39	41	NOR
10	Number Status Unknown-Female	42	44	NOR
11	Number Completed-Male	45	47	NOR
12	Number Completed-Female	48	50	NOR
13	Number Dropped Out-Male	51	53	NOR
14	Number Dropped Out-Female	54	56	NOR
15	Number Status Unknown-Male	57	59	NOR
16	Number Status Unknown-Female	60	62	NOR
17	Number Completed-Spanish Surname	63	65	NOR
18	Number Completed-Black	66	68	NOR
19	Number Completed-Oriental Am.	69	71	NOR
20	Number Completed-American Indian	72	74	NOR

SOURCE DATA INSTRUMENT

END-OF-TERM ENROLLMENT DATA

CARD CODE	LEVEL
1202B	Secondary
	Post-Secondary
	Adult

SDI items #21 through #28 of a particular grade must be punched on a single card. If more than one grade is reported, then columns 1 through 25 must be punched with the same information as on the first card.

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To		INSTRUCTIONS
		1	5	A	Card Code As Indicated Above
1	District Number	6	12	NR	
2	Program Code	13	18	NR	
3	Program Approval Number	19	25	NR	
4	Grade	26		N	If Data For Grade 9 Is Entered Punch "1" If Data For Grade 10 Is Entered Punch "2" If Data For Grade 11 Is Entered Punch "3" If Data For Grade 12 Is Entered Punch "4" If Data For Special Or Ungraded Is Entered Punch "5"
21	Number Dropped With Skills-Spanish	27	29	NOR	
22	Number Dropped With Skills-Black	30	32	NOR	
23	Number Dropped With Skills-Oriental	33	35	NOR	

SOURCE DATA INSTRUMENT

END-OF-TERM ENROLLMENT DATA

CARD CODE	LEVEL
1202B	Secondary
	Post-Secondary
	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To	INSTRUCTIONS
24	Number Dropped With Skills-American Indian	36	38	NOR
25	Number Dropped Without Skills-Spanish	39	41	NOR
26	Number Dropped Without Skills-Black	42	44	NOR
27	Number Dropped Without Skills-Oriental	45	47	NOR
28	Number Dropped Without Skills-American Indian	48	50	NOR

SOURCE DATA INSTRUMENT

END-OF-TERM ENROLLMENT DATA

CARD CODE	LEVEL
	Secondary
2202B	Post-Secondary
3202B	Adult

SDI items #21 through #28 of a particular grade must be punched on a single card. If more than one grade is reported, then columns 1 through 25 must be punched with the same information as on the first card.

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To		INSTRUCTIONS
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	NR	
2	Program Code	14	19	NR	
3	Program Approval Number	20	25	NR	
4-2	Grade (Note: For 2202B Only)	26		N	If Data For Year 1 Is Entered Punch "1" If Data For Year 2 Is Entered Punch "2"
4-3	Purpose (Note: For 3202B Only)	26		N	If Data For "Prep" Is Entered Punch "1" If Data For "Supp" Is Entered Punch "2" If Data For "Apprent" Is Entered Punch "3"
21	Number Dropped Out-Spanish Surname	27	29	NOR	
22	Number Dropped Out-Black	30	32	NOR	
23	Number Dropped Out-Oriental American	33	35	NOR	

SOURCE DATA INSTRUMENT

END-OF-TERM ENROLLMENT DATA

CARD CODE	LEVEL
	Secondary
2202B	Post-Secondary
3202B	Adult

7

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To	INSTRUCTIONS
24	Number Dropped Out-American Indian	36	38	NOR
25	Number Status Unknown-Spanish Surname	39	41	NOR
26	Number Status Unknown-Black	42	44	NOR
27	Number Status Unknown-Oriental American	45	47	NOR
28	Number Status Unknown-American Indian	48	50	NOR

FORM NO: 203

FORM NAME: Special Needs Enrollments by Characterisitcs

DATA REPRESENTED: Program

SCHEDULE: Beginning-of-Term

TO BE COMPLETED BY: Authorized official of the local vocational education agency.

CODING INSTRUCTIONS: No special coding is required.

SPECIAL INSTRUCTIONS: Note, as instructed on each form, that a disadvantaged/handicapped student should be assigned to only one of these categories. Under the characteristics of each category, only the primary characteristic should be indicated.

TO BE SUBMITTED TO:

SECONDARY LEVEL
SPECIAL NEEDS* ENROLLMENT BY CHARACTERISTICS

(1) District Code	Name of Local Agency	County	Signature and Title, Local Authorized Official
(2) Program Code	(3) Program Approval No.	Program Name	Date

1. Indicate the beginning of the year enrollment of disadvantaged students in this program by characteristic. To avoid a duplicated count, each disadvantaged student should be counted only once according to his or her primary disadvantaging characteristic.

(4) GRADE LEVEL	No. who are functionally illiterate or very limited	No. who are not illiterate but communicate best in language other than English	No. who are not illiterate but lack educational skills normally needed to complete program	No. who have a poor attendance record	No. who cannot complete program without financial assistance
9th	(5)	(6)	(7)	(8)	(9)
10th					
11th					
12th					
Special or Ungraded					

2. Indicate the enrollment of handicapped students in this program by characteristic. To avoid a duplicated count, each handicapped student should be counted only once according to his or her primary handicapping characteristic.

GRADE LEVEL	Mental Retardation	Emotional Problems	Vision Impaired or Blind	Hearing Impaired or Deaf	Orthopedic Handicap	Drug Dependent	Other Physical Handicap	Multi Handicapped
9th	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
10th								
11th								
12th								
Special or Ungraded								

*Students who are both disadvantaged and handicapped should be assigned to only one special needs category. Decide whether the physical impairment or the disadvantaging characteristic is the major condition affecting educational progress.

POST-SECONDARY LEVEL
SPECIAL NEEDS* ENROLLMENTS BY CHARACTERISTICS

District No. | Name of Local Agency | County | Signature and Title, Local Authorized Official

Program Code | Program Approval No. | Program Name

DISADVANTAGED

Indicate the enrollment of disadvantaged students in this program. To avoid a duplicated count each disadvantaged student should be counted only once according to his or her primary disadvantaging characteristic.

CHARACTERISTICS

Grade Level (4)	Functionally illiterate in any language	Communicates best in a language other than English, and is not illiterate	Not illiterate but lacks educational skills normally needed to complete program	Poor attendance record	Cannot complete program without financial assistance
1st Year					
2nd Year					

HANDICAPPED

Indicate the enrollment of handicapped students in this program. To avoid a duplicated count, each handicapped student should be counted only once according to his or her primary handicapping characteristic.

CHARACTERISTICS

Grade Level	Mental Retardation	Emotional Problems	Vision Impaired or Blind	Hearing Impaired or Deaf	Orthopedic Handicapped	Drug Dependent	Other Physical Handicapped	Multi Handicapped
1st Year								
2nd Year								

*Students who are both disadvantaged and handicapped should be assigned to only one special needs category. Decide whether the physical impairment or the disadvantaging characteristic is the major condition affecting educational progress.

ADULT LEVEL
SPECIAL NEEDS* ENROLLMENTS BY CHARACTERISTICS

District No. | Name of Local Agency | County | Signature and Title, Local Authorized Official

Program Code | Program Approval No. | Program Name

DISADVANTAGED

1. Indicate the enrollment of disadvantaged students in this program. To avoid a duplicated count, each disadvantaged student should be counted only once according to his or her primary disadvantaging characteristic.

CHARACTERISTICS

Purpose (4)	Functionally illiterate in any language	Communicates best in a language other than English, and is not illiterate	Not illiterate but lacks educational skills normally needed to complete program	Poor attendance record	Cannot complete program without financial assistance
Prep.					
Supp.					
Apprentice					

HANDICAPPED

2. Indicate the enrollment of handicapped students in this program. To avoid a duplicated count, each handicapped student should be counted only once according to his or her primary handicapping characteristic.

CHARACTERISTICS

Purpose	Mental Retardation	Emotional Problems	Vision Impaired or Blind	Hearing Impaired or Deaf	Orthopedic Handicapped	Drug Dependent	Other Physical Handicapped	Multi-Handicapped
Prep.								
Supp.								
Apprentice								

*Students who are both disadvantaged and handicapped should be assigned to only one special needs category. Decide whether the physical impairment or the disadvantaging characteristic is the major condition affecting educational progress.

SOURCE DATA INSTRUMENT

SPECIAL NEEDS ENROLLMENTS BY CHARACTERISTICS

CARD CODE	LEVEL
1203A	Secondary
2203A	Post-Secondary
3203A	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To		INSTRUCTIONS
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	NR	
2	Program Code	14	19	NR	
3	Program Approval Number	20	25	NR	
4-1	Grade (Note: For 1203A Only)	26		N	If Data For 9th Is Entered Punch "1" If Data For 10th Is Entered Punch "2" If Data For 11th Is Entered Punch "3" If Data For 12th Is Entered Punch "4" If Data For "Special Or Ungraded" Is Entered Punch "5"
4-2	Grade (Note: For 2203A Only)	26		N	If Data For 1st Year Is Entered Punch "1" If Data For 2nd Year Is Entered Punch "2"

SOURCE DATA INSTRUMENT

SPECIAL NEEDS ENROLLMENTS BY CHARACTERISTICS

CARD CODE	LEVEL
1203A	Secondary
2203A	Post-Secondary
3203A	Adult

SDI items #4 through #17 of a particular grade must be entered on a single card. If more than one grade is reported, then columns 1 through 25 must be punched with the same information as on the first card.

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To	INSTRUCTIONS	
4-3	Purpose (Note: For 3203A Only)	26		N	Prep Punch "1" Supp Punch "2" Appren Punch "3"
5	Functionally Illiterate	27	29	NOR	
6	Other Language-Not Illiterate	30	32	NOR	
7	Not Illiterate-Lacks Skill	33	35	NOR	
8	Poor Attendance	36	38	NOR	
9	Needs Financial Assistance	39	41	NOR	
10	Mental Retardation	42	44	NOR	
11	Emotional Problems	45	47	NOR	
12	Vision Impairment Or Blind	48	50	NOR	
13	Hearing Impairment Or Deaf	51	53	NOR	
14	Orthopedic Handicap	54	56	NOR	
15	Drug Dependent	57	59	NOR	
16	Other Physical Handicap	60	62	NOR	
17	Multi-Handicap	63	65	NOR	

FORM NO: 204

FORM NAME: Placement Data for Program Completions

DATA REPRESENTED: Program

SCHEDULE: Post Term

TO BE COMPLETED BY: Authorized official of the local vocational education agency.

CODING INSTRUCTIONS: No special coding is required.

SPECIAL INSTRUCTIONS:

TO BE SUBMITTED TO:

PLACEMENT INFORMATION
for
PROGRAM COMPLETORS

(1) District Code	Name of Local Agency	County	Signature & Title of Local Authorized Official
(2) Program Code	(3) Program Approval No.	Program Name	Date

ALL STUDENTS

NUMBER STUDENTS COMPLETING		STATUS UNKNOWN		KNOWN TO BE NOT AVAILABLE FOR PLACEMENT				KNOWN TO HAVE BEEN AVAILABLE FOR PLACEMENT						NO. PLACED IN EMPLOYMENT BY SCHOOL OR TEACHER	
				CONTINUING EDUCATION AT HIGHER LEVEL		OTHER REASONS		EMPLOYED FULL TIME IN FIELD TRAINED OR RELATED FIELD		UNEMPLOYED (SEEKING WORK)		OTHER EMPLOYMENT			
M (4)	F (5)	M (6)	F (7)	M (8)	F (9)	M (10)	F (11)	M (12)	F (13)	M (14)	F (15)	M (16)	F (17)	M (18)	F (19)

SPECIAL NEEDS STUDENTS

GROUP (20)	NUMBER STUDENTS COMPLETING		STATUS UNKNOWN		KNOWN TO BE NOT AVAILABLE FOR PLACEMENT				KNOWN TO HAVE BEEN AVAILABLE FOR PLACEMENT						NUMBER PLACED IN EMPLOYMENT BY SCHOOL OR TEACHER	
					CONTINUING EDUCATION AT HIGHER LEVEL		OTHER REASONS		EMPLOYED FULL TIME IN FIELD TRAINED OR RELATED FIELD		UNEMPLOYED (SEEKING WORK)		OTHER EMPLOYMENT			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Disa.	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)	(36)
Handi.																

STUDENTS FROM MINORITY GROUPS

GROUP	NUMBER STUDENTS COMPLETING		STATUS UNKNOWN		KNOWN TO BE NOT AVAILABLE FOR PLACEMENT				KNOWN TO HAVE BEEN AVAILABLE FOR PLACEMENT						NUMBER PLACED IN EMPLOYMENT BY SCHOOL OR TEACHER	
					CONTINUING EDUCATION AT HIGHER LEVEL		OTHER REASONS		EMPLOYED FULL TIME IN FIELD TRAINED OR RELATED FIELD		UNEMPLOYED (SEEKING WORK)		OTHER EMPLOYMENT			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Sp. Sur. Na.																
Black																
Oriental Am.																
Am. Ind.																

SOURCE DATA INSTRUMENT

PLACEMENT DATA FOR PROGRAM COMPLETIONS

CARD CODE	LEVEL
1204A	Secondary
2204A	Post-Secondary
3204A	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To	INSTRUCTIONS	
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	NR	
2	Program Code	14	19	NR	
3	Program Approval Number	20	25	NR	
4	Number Students Completing-Male	26	28	NOR	
5	Number Students Completing-Female	29	31	NOR	
6	Status Unknown-Male	32	34	NOR	
7	Status Unknown-Female	35	37	NOR	
8	Continuing Higher Education-Male	38	40	NOR	
9	Continuing Higher Education-Female	41	43	NOR	
10	Other Reasons-Male	44	46	NOR	
11	Other Reasons-Female	47	49	NOR	
12	Employed Full Time-Male	50	52	NOR	
13	Employed Full Time-Female	53	55	NOR	
14	Unemployed-Male	56	58	NOR	
15	Unemployed-Female	59	61	NOR	
16	Other Employment-Male	62	64	NOR	
17	Other Employment-Female	65	67	NOR	
18	Number Placed-Male	68	70	NOR	
19	Number Placed-Female	71	73	NOR	

SOURCE DATA INSTRUMENT

PLACEMENT DATA FOR PROGRAM COMPLETIONS

CARD CODE	LEVEL
1204B	Secondary
2204B	Post-Secondary
3204B	Adult

SDI items #21 through #36 constitute entries for six groups: Disa., Handi., Sp. surname, Black, Oriental Am., Am. Ind. Data reported for each group must be entered on a separate card. If more than one card is punched, columns 1 through 25 must be punched with the same information as on the first card.

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To		INSTRUCTIONS
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	NR	
2	Program Code	14	19	NR	
3	Program Approval Number	20	25	NR	
20	Group	26		N	If Data For Disa Is Entered Punch "1" If Data For Handi Is Entered Punch "2" If Data For Sp. Surname Is Entered Punch "3" If Data For Black Is Entered Punch "4" If Data For Orient Is Entered Punch "5" If Data For Am. Ind. Is Entered Punch "6"
21	Number Students Completing-Male	27	29	NOR	
22	Number Students Completing-Female	30	32	NOR	
23	Status Unknown-Male	33	35	NOR	
24	Status Unknown-Female	36	38	NOR	

SOURCE DATA INSTRUMENT

PLACEMENT DATA FOR PROGRAM COMPLETIONS

CARD CODE	LEVEL
1204B	Secondary
2204B	Post-Secondary
3204B	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To	INSTRUCTIONS
25	Continuing Higher Education-Male	39	41	NOR
26	Continuing Higher Education-Female	42	44	NOR
27	Other Reasons-Male	45	47	NOR
28	Other Reasons-Female	48	50	NOR
29	Employed Full Time-Male	51	53	NOR
30	Employed Full Time-Female	54	56	NOR
31	Unemployed-Male	57	59	NOR
32	Unemployed-Female	60	62	NOR
33	Other Employment-Male	63	65	NOR
34	Other Employment-Female	66	68	NOR
35	Number Placed-Male	69	71	NOR
36	Number Placed-Female	72	74	NOR

FORM NO: 301

FORM NAME: Vocational Program Enrollment Report

DATA REPRESENTED: Program

SCHEDULE: Beginning-of-Term

TO BE COMPLETED BY: Local Teacher

CODING INSTRUCTIONS: The form for a secondary program requires the following coding in order to complete the form properly:

In the Column Entitled:	Use:	To Indicate:
Grade	1	9th
	2	10th
	3	11th
	4	12th
	5	Special/ Ungraded
Sex	1	Male
	2	Female
Group	1	Spanish Surname
	2	Black
	3	Oriental American
	4	American Indian
Student Is:	1	Physically Handicapped
	2	Disadvantaged
	3	Both

Forms for post secondary and adult program require the following coding in order to complete the form properly:

In the Column Entitled:	Use:	To Indicate:
Grade	1	1st
	2	2nd
Objective	1	Apprent.
	2	New Occup.
	3	Improve Skills

In the Column Entitled:	Use:	To Indicate:
Education Plan	1	Complete
	2	Not Complete
	3	Uncertain
Employment	1	Not Looked
	2	Looked
	3	Was (Am) Working
Sex	1	Male
	2	Female
Group	1	Spanish Surname
	2	Black
	3	Oriental American
	4	American Indian
Student Is:	1	Physically Handicapped
	2	Disadvantaged
	3	Both

SPECIAL INSTRUCTIONS: Note that, on this form a student may be shown to be both handicapped and disadvantaged.

TO BE SUBMITTED TO:

SECONDARY LEVEL
VOCATIONAL PROGRAM ENROLLMENT REPORT

(1) DISTRICT CODE | NAME OF LOCAL AGENCY | COUNTY | SIGNATURE AND TITLE OF LOCAL AUTHORIZED OFFICIAL

(2) PROGRAM CODE | (3) PROGRAM APPROVAL NO. | PROGRAM NAME

(5) BUILDING NUMBER | (6) TEACHER'S LAST NAME AND FIRST INITIAL | DATE

1	2			3	4	5	6	7	8
SOCIAL SECURITY NUMBER	STUDENT NAME			Grade Code 1 = 9th 2 = 10th 3 = 11th 4 = 12th 5 = special/ ungraded	Home school District Code (if different)	Code for Sex 1=M 2=F	Code for Group 1=Span.sur. 2=Black 3=Or.-Am. 4=Am. Ind.	Birthdate	Special Needs Code 1=handicapped 2=disadvantaged 3=both
	Last	First	M.I.						
(4)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)

POST-SECONDARY LEVEL

VOCATIONAL PROGRAM ENROLLMENT REPORT

Page ___ of ___ pages

(1) DISTRICT CODE | NAME OF LOCAL AGENCY | COUNTY | SIGNATURE AND TITLE OF LOCAL AUTHORIZED OFFICIAL

(2) PROGRAM CODE | (3) PROGRAM APPROVAL NO. | PROGRAM NAME

(5) BUILDING NUMBER | (6) TEACHER'S LAST NAME AND FIRST INITIAL | DATE

1	2			3	4	5	6	7	8	9	10	11
SOCIAL SECURITY NUMBER	STUDENT NAME			Grade Code 1=1st year 2=2nd year	Objective Code 1=apprentice 2=new occup. (prep.) 3=improve skills (supp.)	Educ. plan Code 1=complete 2=not complete 3=uncertain	Employ Code 1=not looked 2=looked 3=was (am) working	Hourly Wage	Code for Sex 1=Male 2=Female	Code for Group 1=Span.sur. 2=Black 3=Or. Am. 4=Am. Ind.	Age	Special Needs Code 1=handicapped 2=disadvantaged 3=both
	Last	First	M.I.									
(4)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)

ADULT LEVEL

VOCATIONAL PROGRAM ENROLLMENT REPORT

Page ___ of ___ pages

(1) DISTRICT CODE | NAME OF LOCAL AGENCY | COUNTY | SIGNATURE AND TITLE OF LOCAL AUTHORIZED OFFICIAL

(2) PROGRAM CODE | (3) PROGRAM APPROVAL NO. | PROGRAM NAME

(5) BUILDING NUMBER | (6) TEACHER'S LAST NAME AND FIRST INITIAL | DATE

1	2			3	4	5	6	7	8	9	10
SOCIAL SECURITY NUMBER	STUDENT NAME			Objective Code 1 Apprentice 2 New Occup. (Prep.) 3 Improve Skills (Supp.)	Educ. plan Code 1 complete 2 not complete 3 uncertain	Employ Code 1 not looked 2 looked 3 was(am) working	Hourly Wage	Code for Sex 1 male 2 female	Age	Code for Group 1 Spanish 2 Black 3 Or. Am. 4 Am. Ind	Special Needs Code 1 handicapped 2 disadvantaged 3 both
	Last	First	M.I.								
(4)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(16)	(15)	(17)

132 13

SOURCE DATA INSTRUMENT

VOCATIONAL PROGRAM ENROLLMENT REPORT

CARD CODE	LEVEL
1301A	Secondary
2301A	Post-Secondary
3301A	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To	INSTRUCTIONS	
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	NR	
2	Program Code	14	19	NR	
3	Program Approval Number	20	25	NR	
4	Social Security Number	26	36	AL	Punch Social Security Number Including Dashes
5	Building Number	37	39	NOR	Must Be Punched For Every Student Listed
6	Instructor Completing	40	55	AL	Must Be Punched For Every Student Listed. Punch Last Name and First Initial Only
7	Last Name	56	70	AL	
8	First Name	71	80	AL	

SOURCE DATA INSTRUMENT

VOCATIONAL PROGRAM ENROLLMENT REPORT

CARD CODE	LEVEL
1301B	Secondary
	Post-Secondary
	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To		INSTRUCTIONS
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	NR	
2	Program Code	14	19	NR	
3	Program Approval Number	20	25	NR	
4	Social Security Number	26	36	AL	Punch Social Security Number Including Dashes
9	Middle Initial	37		A	
10	Grade	38		N	9th Grade Punch "1" 10th Grade Punch "2" 11th Grade Punch "3" 12th Grade Punch "4" Spec/Ungraded Punch "5"
11	Home School District If Different	39	46	N	
12	Sex	47		N	M Punch "1" F Punch "2"
13	Group	48		N	Sp. Sur. Punch "1" Black Punch "2" Or. Am. Punch "3" Am. Ind. Punch "4"
14	Birthdate	49	54	N	Date Punch Format - MMDDYY
15	Special Needs	55		N	Physically Handicapped Punch "1" Disadvantaged Punch "2" Both Punch "3"

SOURCE DATA INSTRUMENT

VOCATIONAL PROGRAM ENROLLMENT REPORT

CARD CODE	LEVEL
	Secondary
2301B	Post-Secondary
	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	To	INSTRUCTIONS	
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	NR	
2	Program Code	14	19	NR	
3	Program Approval Number	20	25	NR	
4	Social Security Number	26	36	AL	Punch Social Security Number Including Dashes
9	Middle Initial	37		A	
10	Grade	38		N	1st Punch "1" 2nd Punch "2"
11	Objective	39		N	Apprent Punch "1" New Occup. Punch "2" Improve Skills Punch "3"
12	Education Plan	40		N	Complete Punch "1" Not Comp. Punch "2" Uncertain Punch "3"
13	Employment	41		N	Not Looked Punch "1" Looked Punch "2" Was (Am) Working Punch "3"
14	Hourly Wage	42	45	NOR	

SOURCE DATA INSTRUMENT

VOCATIONAL PROGRAM ENROLLMENT REPORT

CARD CODE	LEVEL
	Secondary
2301B	Post-Secondary
	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	To		INSTRUCTIONS
15	Sex	46		N	M Punch "1" F Punch "2"
16	Group	47		N	Span Am Punch "1" Black Punch "2" Or. Am. Punch "3" Am. Ind Punch "4"
17	Age	48	49	N	
18	Special Needs	50		N	Physically Handicapped Punch "1" Disadvantaged Punch "2" Both Punch "3"

SOURCE DATA INSTRUMENT

VOCATIONAL PROGRAM ENROLLMENT REPORT

CARD CODE	LEVEL
	Secondary
	Post-Secondary
3301B	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To	INSTRUCTIONS	
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	NR	
2	Program Code	14	19	NR	
3	Program Approval Number	20	25	NR	
4	Social Security Number	26	36	AL	Punch Social Security Number Including Dashes
9	Middle Initial	37		A	
10	Objective	38		N	Apprent Punch "1" New Occup. Punch "2" Improve Skills Punch "3"
11	Education Plan	39		N	Complete Punch "1" Not Comp. Punch "2" Uncertain Punch "3"
12	Employment	40		N	Not Looked Punch "1" Looked Punch "2" Was (Am) Working Punch "3"
13	Hourly Wage	41	44	NOR	

SOURCE DATA INSTRUMENT

VOCATIONAL PROGRAM ENROLLMENT REPORT

CARD CODE	LEVEL
	Secondary
	Post-Secondary
3301B	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	To		INSTRUCTIONS
14	Sex	45		N	M Punch "1" F Punch "2"
15	Group	46		N	Span Am Punch "1" Black Punch "2" Or. Am. Punch "3" Am. Ind Punch "4"
16	Age	47	48	N	
17	Special Needs	49		N	Physically Handicapped Punch "1" Disadvantaged Punch "2" Both Punch "3"

FORM NO: 302

FORM NAME: Services Provided Students with Special Needs

DATA REPRESENTED: Program

SCHEDULE: End-of-Term

TO BE COMPLETED BY: Authorized official of the local vocational education agency.

CODING INSTRUCTIONS: No special coding is required to complete this form.

SPECIAL INSTRUCTIONS: None

TO BE SUBMITTED TO:

SERVICES PROVIDED TO STUDENTS WITH SPECIAL NEEDS

(1) DISTRICT CODE | NAME OF LOCAL AGENCY | COUNTY | SIGNATURE AND TITLE OF LOCAL AUTHORIZED OFFICIAL

(2) PROGRAM CODE | (3) PROGRAM APPROVAL NO. | PROGRAM NAME

*BUILDING NUMBER | TEACHER'S LAST NAME AND FIRST INITIAL | DATE

1	2	3	4								
SOCIAL SECURITY NUMBER	NAME OF STUDENT		SERVICE(S) RECEIVED THIS TERM								
			Basic Education	Reader / Interpreter	Psychological / Social work services	Special Job Development / Placement	Services of Mobile Unit	Special Transportation	Served by Bureau Vocational Rehabilitation	Instruction for English Proficiency	Other
(4)			(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)

SOURCE DATA INSTRUMENT

SERVICES PROVIDED STUDENTS WITH SPECIAL NEEDS

CARD CODE	LEVEL
1302A	Secondary
2302A	Post-Secondary
3302A	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To		INSTRUCTIONS
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	NR	
2	Program Code	14	19	NR	
3	Program Approval Number	20	25	NR	
4	Social Security Number	26	36	AL	Punch Social Security Number Including Dashes
5	Basic Education	37		A	If Checked Punch Alpha "X"
6	Reader/Interpretor	38		A	If Checked Punch Alpha "X"
7	Psychological/Social Work Services	39		A	If Checked Punch Alpha "X"
8	Special Job Development/ Placement	40		A	If Checked Punch Alpha "X"
9	Services Of Mobile Unit	41		A	If Checked Punch Alpha "X"
10	Special Transportation	42		A	If Checked Punch Alpha "X"
11	Served By Bureau Vocational Rehabilitation Center	43		A	

SERVICES PROVIDED STUDENTS WITH SPECIAL NEEDS

CARD CODE	LEVEL
1302A	Secondary
2302A	Post-Secondary
3302A	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	To		INSTRUCTIONS
12	Instruction For English Proficiency	44		A	If Checked Punch Alpha "X"
13	Other	45		A	If Checked Punch Alpha "X"

FORM NO: 304

FORM NAME: Disadvantaging Characteristics of Students with Special Needs

DATA REPRESENTED: Program

SCHEDULE: End-of-Term

TO BE COMPLETED BY: Authorized official for the local vocational education agency.

CODING INSTRUCTIONS: No special coding is required to complete this form.

SPECIAL INSTRUCTIONS: Note that this form could reflect a duplicated count if "both" has been previously indicated on the Vocational Program Enrollment Report. On this form only a student's primary disadvantaging condition should be given.

TO BE SUBMITTED TO:

DISADVANTAGING CHARACTERISTICS OF STUDENTS WITH SPECIAL NEEDS

(1) DISTRICT CODE | NAME OF LOCAL AGENCY | COUNTY | SIGNATURE AND TITLE OF LOCAL AUTHORIZED OFFICIAL

(2) PROGRAM CODE | (3) PROGRAM APPROVAL NO. | PROGRAM NAME

BUILDING NO. | TEACHER'S LAST NAME AND FIRST INITIAL | DATE

1	2	3	4
SOCIAL SECURITY NUMBER	NAME OF STUDENT		If student is disadvantaged list code for the primary disadvantaging condition. 1 = Illiterate in any language 2 = Communicates best in language other than English—not illiterate 3 = Lacks educational skills usually required to succeed in completing this program 4 = Poor attenadance record 5 = Cannot complete program without financial assistance Code 6 = Other
(4)			(5)

SOURCE DATA INSTRUMENT

DISADVANTAGING CHARACTERISTICS OF STUDENTS WITH SPECIAL NEEDS

CARD CODE	LEVEL
1304A	Secondary
2304A	Post-Secondary
3304A	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To		INSTRUCTIONS
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	NR	
2	Program Code	14	19	NR	
3	Program Approval Number	20	25	NR	
4	Social Security Number	26	36	AL	Social Security Number To Be Punched Including Dashes
5	Disadvantaging Condition	37		N	Illiterate Punch "1" Communicates Punch "2" Lacks Ed. Skills Punch "3" Poor Attendance Punch "4" Financial Assistance Punch "5" Other Punch "6"

FORM NO: 305

FORM NAME: Handicapping Characteristics of Students with Special Needs

DATA REPRESENTED: Program

SCHEDULE: End-of-Term

TO BE COMPLETED BY: Authorized official of the local vocational education agency.

CODING INSTRUCTIONS: No special coding is required.

SPECIAL INSTRUCTIONS: Note that this form could reflect a duplicated count if "both" has been previously indicated on the Vocational Program Enrollment Report. On this form, only a student's primary handicapping condition should be given.

TO BE SUBMITTED TO:

HANDICAPPING CHARACTERISTICS OF STUDENTS WITH SPECIAL NEEDS

(1) DISTRICT CODE _____ NAME OF LOCAL AGENCY _____ COUNTY _____ SIGNATURE AND TITLE OF LOCAL AUTHORIZED OFFICIAL _____

(2) PROGRAM CODE _____ (3) PROGRAM APPROVAL NO. _____ PROGRAM NAME _____

BUILDING NO. _____ TEACHER'S LAST NAME AND FIRST INITIAL _____ DATE _____

1	2	3	4
SOCIAL SECURITY NUMBER	NAME OF STUDENT		If student is handicapped list code for the primary handicapping condition. 1 = Mental retardation 2 = Emotional/mental problem 3 = Orthapedic problem 4 = Vision impaired or blind 5 = Hearing impaired 6 = Drug dependent 7 = Other physical handicap 8 = Multi-handicapped Code
(4)			(5)

SOURCE DATA INSTRUMENT

HANDICAPPING CHARACTERISTICS OF STUDENTS WITH SPECIAL NEEDS

CARD CODE	LEVEL
1305A	Secondary
2305A	Post-Secondary
3305A	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To		INSTRUCTIONS
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	NR	
2	Program Code	14	19	NR	
3	Program Approval Number	20	25	NR	
4	Social Security Number	26	36	AL	Social Security Number To Be Punched Including Dashes
5	Handicapping Condition	37		N	Mental Retardation Punch "1" Emotional Problem Punch "2" Orthopedic Problem Punch "3" Vision Impaired/ Blind Punch "4" Hearing Impaired/ Deaf Punch "5" Drug Dependent Punch "6" Other Handicapped Punch "7" Multi-Handicapped Punch "8"

FORM NO: 306

FORM NAME: Program Enrollment Status Report

DATA REPRESENTED: Program

SCHEDULE: End-of-Term and Interim Update Reports as Needed

TO BE COMPLETED BY: Authorized official of the local vocational education agency.

CODING INSTRUCTIONS: No special coding is required.

SPECIAL INSTRUCTIONS: None

TO BE SUBMITTED TO:

SECONDARY LEVEL

PROGRAM ENROLLMENT STATUS REPORT

(1) DISTRICT CODE | NAME OF LOCAL AGENCY | COUNTY | SIGNATURE AND TITLE OF LOCAL AUTHORIZED OFFICIAL

(2) PROGRAM CODE | (3) PROGRAM APPROVAL NO | PROGRAM NAME

BUILDING NUMBER | TEACHER'S LAST NAME AND FIRST INITIAL | DATE

1	2	3	4		5			
SOCIAL SECURITY NUMBER	NAME OF STUDENT		FOR ALL STUDENTS		STATUS ONLY IF NO LONGER ENROLLED			
			Check if Completed a Co-op Work Experience this Year	Check if Enrolled in Student Vocational Organization this Year	(6) Graduated or Completed Program		(7) Dropped out of Program	
					Left School	In School	Has Marketable Skills	Has no Marketable Skills
(4)			(5)	(8)				

POST-SECONDARY AND ADULT LEVEL

PROGRAM ENROLLMENT STATUS REPORT

(7) DISTRICT CODE | NAME OF LOCAL AGENCY | COUNTY | SIGNATURE AND TITLE OF LOCAL AUTHORIZED OFFICIAL

(2) PROGRAM CODE | (3) PROGRAM APPROVAL NO. | PROGRAM NAME

BUILDING NUMBER | TEACHER'S LAST NAME AND FIRST INITIAL | DATE

1	2	3	4	5	6
SOCIAL SECURITY NUMBER (4)	NAME OF STUDENT		Check if completed program (5)	Check if withdrew before completing program (6)	Check if Completed a coop work experience this term (7)

SOURCE DATA INSTRUMENT

PROGRAM ENROLLMENT STATUS REPORT

CARD CODE	LEVEL
1306A	Secondary
	Post-Secondary
	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To		INSTRUCTIONS
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	NR	
2	Program Code	14	19	NR	
3	Program Approval Number	20	25	NR	
4	Social Security Number	26	36	AL	Social Security Number To Be Punched Including Dashes
5	Co-op Work	37		A	If Checked Punch Alpha "X"
6	Graduated Or Completed Program	38		N	Left School Punch "1" In School Punch "2"
7	Dropped Out Of Program	39		N	Without Skills Punch "1" With Skills Punch "2"
8	Student Vocational Organization	40		N	If Checked Punch Alpha "X"

SOURCE DATA INSTRUMENT

PROGRAM ENROLLMENT STATUS REPORT

CARD CODE	LEVEL
	Secondary
2306A	Post-Secondary
3306A	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To	INSTRUCTIONS	
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	NR	
2	Program Code	14	19	NR	
3	Program Approval Number	20	25	NR	
4	Social Security Number	26	36	AL	Social Security Number To Be Punched Including Dashes
5	Completed Program	37		A	If Checked Punch Alpha "X"
6	Withdraw	38		A	If Checked Punch Alpha "X"
7	Completed Co-op Work	39		A	If Checked Punch Alpha "X"

FORM NO: 307

FORM NAME: Placement of Program Completions in Vocational Education Programs

DATA REPRESENTED: Program

SCHEDULE: Post Term

TO BE COMPLETED BY: Authorized official of the local vocational education agency.

CODING INSTRUCTIONS: The following coding is required to complete this form properly:

In the Column Entitled:	Use:	To Indicate:
Was Not Available for Employment	1	Continuing Education at higher level
	2	Other Employment
	3	Unemployed, but seeking
Employment Status	1	Full Time Job in Field Trained or Related Field
	2	Other Employment
	3	Unemployed, but seeking
School or Teacher Trying to Place	1	Yes
	2	No
Major Reason Not Placed	1	No Jobs Available
	2	Student Refused Job Offer
	3	Other

SPECIAL INSTRUCTIONS: None

TO BE SUBMITTED TO:

PLACEMENT INFORMATION
FOR PROGRAM COMPLETORS

(1) DISTRICT CODE | NAME OF LOCAL AGENCY | COUNTY | SIGNATURE AND TITLE OF LOCAL AUTHORIZED OFFICIAL

(2) PROGRAM CODE | (3) PROGRAM APPROVAL NO. | PROGRAM NAME

BUILDING NUMBER | TEACHER'S LAST NAME AND FIRST INITIAL | DATE

1	2	3	4	5		6			7	8		
SOCIAL SECURITY NUMBER	NAME OF STUDENT		Check if Status Unknown	Was Not Available for Employment		Employment Status			School or Teacher Trying to Place Code 1 = Yes Code 2 = No	Major Reason Not Placed		
				Code = 1 if Continuing Ed. at Higher Level	Code = 2 if Other Reasons	Code = 1 if Full-time Job in Field Trained or Related Field	Code = 2 if Other Employment	Code = 3 if Unemployed, but Seeking		Code = 1 if No Jobs Available	Code = 2 if Student Refused Job Offers	Code = 3 if Other
(4)			(5)	(6)		(7)			(8)	(9)		

SOURCE DATA INSTRUMENT

PLACEMENT OF PROGRAM COMPLETIONS IN VOCATIONAL EDUCATION PROGRAMS

CARD CODE	LEVEL
1307A	Secondary
2307A	Post-Secondary
3307A	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To		INSTRUCTIONS
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	NR	
2	Program Code	14	19	NR	
3	Program Approval Number	20	25	NR	
4	Social Security Number	26	36	AL	Social Security Number To Be Punched Including Dashes
5	Status Unknown	37		A	If Checked Punch Alpha "X"
6	Not Available For Employment	38		N	Continuing Ed. Punch "1" Other Reasons Punch "2"
7	Employment Status	39		N	Full Time Job In Field Punch "1" Other Employment Punch "2" Unemployed But Seeking Punch "3"
8	School Or Teacher Trying To Place	40		N	Yes Punch "1" No Punch "2"
9	Major Reason Not Placed	41		N	No Jobs Available Punch "1" Student Refused Punch "2" Other Punch "3"

FORM NO: 308

FORM NAME: Student Follow-Up

DATA REPRESENTED: Program

SCHEDULE: Post Term

TO BE COMPLETED BY: Student

CODING INSTRUCTIONS: None

SPECIAL INSTRUCTIONS: None

TO BE SUBMITTED TO:

ww
ur
'n!

1 What is your present job situation? (Mark ONLY ONE)

5

- Work (35 hours or more per week)
- Working part time (Less than 35 hours per week)
- Not working but looking for job
- Not working — not looking for job

2 If you are NOT working and NOT seeking a job, what is the reason?

6

- Homemaker
- Military
- Other (specify)
- Lack qualifications

3 a If you are working, what is your approximate monthly, weekly, or hourly wage? If you work part time, please mark the per hour column. (Mark ONLY ONE)

$ PER MONTH	$ PER WEEK	$ PER HOUR
Under 400	Under 91	Under 2.01
401 - 500	91 - 115	2.01 - 2.50
501 - 600	116 - 140	2.51 - 3.00
601 - 700	141 - 165	3.01 - 3.50
701 - 800	166 - 190	3.51 - 4.00
801 - 900	191 - 215	4.01 - 4.50
901 - 1000	216 - 240	4.51 - 5.00
Over 1000	Over 240	Over 5.00

7 8 9

b What is your job title? Your employer's name and address? Your job tasks? e.g. Cashier — Safeway, Littleton, Colorado 80122 — Checking Groceries

15 16 17

JOB TITLE

EMPLOYER'S NAME & ADDRESS

JOB TASKS

c Why did you take this job?

26

- For what I was trained for but not closely related
- Not what I was trained for, but best job I could find
- Other (specify)

4 If you are presently attending school, is your present program major related to your former occupational program?

21

- Very closely
- Some
- Very little
- Not at all

AFFIX ADDRESS LABEL HERE

18 19 20

5 Looking back at your occupational training, what is your opinion about the usefulness and quality of the program?

a Would you recommend the program to others?

12

- Very strongly
- Much
- Some
- Very little
- Not at all

b Are you using, on the job, what you learned in your school occupational program?

13

- Very much
- Much
- Some
- Very little
- Not at all

c If you did not complete your school occupational program, what was the reason?

14

- Illness
- Family problems
- Travel
- School schedule
- Program quality
- Money
- Other (specify)

d Comments. Please tell us your feelings about the quality of your occupational program, equipment, instruction, and learning materials. Were there topics NOT taught that should have been taught? Other comments?

PLACE STAMP HERE

SOURCE DATA INSTRUMENT

STUDENT FOLLOW-UP

CARD CODE	LEVEL
1308A	Secondary
2308A	Post-Secondary
3308A	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To		INSTRUCTIONS
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	N	
2	Program Code	14	19	N	
3	Program Approval Number	20	25	NR	
4	Social Security Number	26	36	A	
5	Present Job Situtation	37		N	Working Full Time Punch "1" Working Part Time Punch "2" Not Working But Seeking Punch "3" Not Working Not Seeking Punch "4"
6	Reason Not Working/Not Seeking	38		N	Illness Punch "1" Homemaker Punch "2" In School Punch "3" Planning To Enter School Punch "4" Military Punch "5" Lack Qualifications Punch "6" Other Punch "7"
7	$ Per Month	39		N	Under 321 Punch "1" 321-400 Punch "2" 401-480 Punch "3" Over 480 Punch "4"

SOURCE DATA INSTRUMENT

STUDENT FOLLOW-UP

CARD CODE	LEVEL
1308A	Secondary
2308A	Post-Secondary
3308A	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To		INSTRUCTIONS
8	$ Per Week	40		N	Under 81 Punch "1" 81-100 Punch "2" 101-120 Punch "3" Over 120 Punch "4"
9	$ Per Week	41		N	Under 2.01 Punch "1" 2.01-2.50 Punch "2" 2.51-3.00 Punch "3" Over 3.00 Punch "4"
10	Reason For Job	42		N	Trained For Punch "1" Closely Related Punch "2" Best Could Find Punch "3" Other Punch "4"
11	Occupational Related	43		N	Very Closely Punch "1" Closely Punch "2" Some Punch "3" Very Little Punch "4" Not At All Punch "5"
12	Recommend Program To Others	44		N	Very Strongly Punch "1" Much Punch "2" Some Punch "3" Very Little Punch "4" Not At All Punch "5"

SOURCE DATA INSTRUMENT

STUDENT FOLLOW-UP

CARD CODE	LEVEL
1308A	Secondary
2308A	Post-Secondary
3308A	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To		INSTRUCTIONS
13	Using Learned Occupational Program	45		N	Very Much Punch "1" Much Punch "2" Some Punch "3" Very Little Punch "4" Not At All Punch "5"
14	Reason Not Completed Program	46		N	Illness Punch "1" Family Problems Punch "2" Travel Punch "3" School Schedule Punch "4" Program Quality Punch "5" Money Punch "6" Other Punch "7"
15	Job Title	47	80	AL	

SOURCE DATA INSTRUMENT

STUDENT FOLLOW-UP

CARD CODE	LEVEL
1308B	Secondary
2308B	Post-Secondary
3308B	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To	INSTRUCTIONS	
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	N	
2	Program Code	14	19	N	
3	Program Approval Number	20	25	NR	
4	Social Security Number	26	36	AL	
16	Employer Name	37	64	AL	
17	Address-Street	65	80	AL	

SOURCE DATA INSTRUMENT

STUDENT FOLLOW-UP

CARD CODE	LEVEL
1308C	Secondary
2308C	Post-Secondary
3308C	Adult

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To	INSTRUCTIONS	
		1	5	A	Card Code As Indicated Above
1	District Number	6	13	N	
2	Program Code	14	19	N	
3	Program Approval Number	20	25	NR	
4	Social Security Number	26	36	AL	
18	Address-City	37	52	AL	
19	State	53	55	AL	
20	Zip	56	60	N	

KEYPUNCH INSTRUCTIONS AND CARD LAYOUT FORMATS FOR EXTERNAL CROSS REFERENCE DATA

SECTION IV

KEYPUNCH INSTRUCTIONS AND CARD LAYOUT FORMATS
FOR EXTERNAL CROSS REFERENCE DATA

SECTION IV

1. GENERAL KEYPUNCH INSTRUCTIONS

The following cards are punched from data obtained from external sources. No source data instruments are involved and the card code is not punched. The following keypunch instructions apply to each form:

L = left justified, any unused columns left blank

LO = left justified, any unused columns zero filled

R = right justified, any unused columns left blank

OR = right justified, any unused columns zero filled

N = numeric

A = alpha/numeric

Note:

1. If L, LO, R, or OR are not indicated in the instructions given, columns will be punched exactly "as is" from source document. The column(s) should be filled.
2. If no data is on the source document for any columns, leave blank.

2. SPECIAL KEYPUNCH INSTRUCTIONS, CARD LAYOUT FORMATS, AND FIELD LOCATIONS

The following pages in this section of the document provide the keypunch operator with special instructions, if any, for each card to be punched and the card layouts.

FORM NO: 0401A

FORM NAME: Count Table

DATA REPRESENTED: County numbers and names cross-reference

CODING INSTRUCTIONS: The county number may be any three digits, without punctuation.

SOURCE DATA INSTRUMENT

COUNT TABLE

CARD CODE LEVEL

0401A

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	To	INSTRUCTIONS
1	County Number	1 4	3	OR Do Not Punch
2	County Name	5	19	L

FORM NO: 0402A

FORM NAME: District Table

DATA REPRESENTED: District numbers and names cross-reference

CODING INSTRUCTIONS: The format of the district code is the same as that used on the source data instruments.

SOURCE DATA INSTRUMENT

DISTRICT TABLE

CARD CODE 0402A

LEVEL

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To	INSTRUCTIONS
1	District Code	1	8	
		9	10	Do Not Punch
2	District Name	11	72	L

FORM NO: 0403A

FORM NAME: Equipment/Material Table

DATA REPRESENTED: Equipment/Material code and name cross-reference

CODING INSTRUCTIONS: The equipment/material code may be any combination of one to five characters.

SOURCE DATA INSTRUMENT

EQUIPMENT/MATERIAL TABLE

CARD CODE 0403A LEVEL

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To	INSTRUCTIONS
1	Equipment/Material Code	1	5	L
		6		Do Not Punch
2	Equipment/Material Name	7	72	L

FORM NO: 0404A

FORM NAME: Instructional Program Table

DATA REPRESENTED: U.S. Office of Education instructional program code and instructional program title cross-reference.

CODING INSTRUCTIONS: The instructional program code is a seven-column field with the format "XX.YYYY". The decimal point must be punched.

The decimal point is removed by the TABLOAD program, which stores only the six digits in the data base.

SOURCE DATA INSTRUMENT

INSTRUCTIONAL PROGRAM TABLE

CARD CODE 0404A LEVEL

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To	INSTRUCTIONS
1	USOE Instructional Program Code	1 8	7	N Do Not Punch
2	Instructional Program Title	9	72	L

FORM NO: 0405A

FORM NAME: DOT/OE Table

DATA REPRESENTED: A cross-reference of jobs titles from the U.S. Department of Labor Dictionary of Occupational Titles, the corresponding DOT code, and the USOE instructional program code for the program most closely related to each job title.

CODING INSTRUCTIONS: The DOT code is an eleven-column field with the format "XXX.YYY-ZZZ". The decimal point and the hyphen must be punched, but are removed by the TABLOAD program. Only the nine digits are stored in the data base.

The instructional program code is a nine-column field with the format "XX.YYYYYY". The decimal point must be punched. Any or all of the last four digits are optional and may be omitted. The code is stored in the data base "as is", with no editing being done by the TABLOAD program.

SOURCE DATA INSTRUMENT

DOT/OE TABLE

CARD CODE LEVEL

0405A

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To	INSTRUCTIONS
1	D.O.T. Code	1	11	N
2	Instructional Program Code	12	20	L
	D.O.T. Title	21	72	L

FORM NO: 0406A
0406B

FORM NAME: Census Table

DATA REPRESENTED: A table of projected demand for occupations in various regions of the state. USOE instructional program codes and Bureau of the Census occupational codes and titles are cross-referenced.

CODING INSTRUCTIONS: The files contains two types of cards: header records and detail records. Each header record is followed by all of its corresponding detail records. All the data for a given region must be grouped together. The header records contain a region code, a USOE instructional program code, and a generic occupational title, (actually, a field of occupations). The instructional program code is a six-column field with the form "XXXXXX". It is the same code as that used for the instructional program table, except that the decimal is omitted. The region code is a two-digit field with format "XX", and consists of any combination of one to two characters. The detail records contain a region code, a USOE instructional program code, a Bureau of the Census occupational code, the corresponding

Bureau of the Census occupational title, and a corresponding projected demand. The format of the region code and the instructional program code are the same as on the header records. The census code is a three-digit number with the format "XXX". The projected demand is a six-digit field with the format "XXXXXX".

SOURCE DATA INSTRUMENT

CENSUS TABLE

CARD CODE LEVEL

0406A

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	To	INSTRUCTIONS
1	Region Code	1	2	R
		3		Do Not Punch
2	Instructional Program Code	4	9	
		10		Do Not Punch
3	Generic Occupational Title	11	72	L

SOURCE DATA INSTRUMENT

CENSUS TABLE

CARD CODE LEVEL

0406B

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	COLUMN To	INSTRUCTIONS
1	Region Code	1	2	R
		3		Do Not Punch
2	Instructional Program Code	4	9	
		10		Do Not Punch
3	Census Occupational Code	11	13	Do Not Punch
4	Census Occupational Title	15	72	
5	Projected Demand	73	78	OR

SOURCE DATA INSTRUMENT

CENSUS TABLE

CARD CODE LEVEL

0406B

FIELD NO.	FIELD IDENTIFICATION	COLUMN From	To	INSTRUCTIONS
1	Region Code	1	2	R
		3		Do Not Punch
2	Instructional Program Code	4	9	
		10		Do Not Punch
3	Census Occupational Code	11	13	Do Not Punch
4	Census Occupational Title	15	72	
5	Projected Demand	73	78	OR

APPENDICES

A. MISVE SOURCE DATA INSTRUMENT FIELD TO DATA BASE FIELD CROSS REFERENCE

B. MISVE DATA BASE FIELD TO SOURCE DATA INSTRUMENT FIELD CROSS REFERENCE

APPENDIX A

MISVE SOURCE DATA INSTRUMENT FIELD TO DATA BASE FIELD CROSS REFERENCE

MISVE SOURCE DATA INSTRUMENT FIELD TO DATA BASE FIELD CROSS REFERENCE

The purpose of this Appendix is to provide a cross reference between any field contained in the source data instruments and the corresponding data base field.

The first four columns of the following table identify the field within the specific form and card and the last two columns identify the corresponding data base type structure and field by their identification numbers.

FORM NO.	FORM NAME	CARD	FIELD NAME	RG NO.	COMPONENT NO.
101	Local Plan for Vocational Ed.	A & B	District Number	185	188
		A & B	Instructional Code	227	230
		A & B	Program Approval Number	239	242
		A	Not Yet Approved	698	703
		A	Cycle	698	704
		A	Year	698	707
		A	Number of Locations	698	710
		A	Enrollment - Male	698	713
		A	Enrollment - Female	698	716
		A	F. T. E. Enrollment	698	725
		A	Instructional Costs	698	728
		A	Cost of Equipment	698	731
		A	Books and Supplies	698	734
		A	Student Transportation	698	737
		A	Contract Costs	698	740
		A	Total Direct Costs	698	743
		A	Percent of State Support	698	746
		A	Amount of State Support	698	758
		A	Source of Funding	698	749

FORM NO.	FORM NAME	CARD	FIELD NAME	RG NO.	COMPONENT NO.
103	Application for Approval for New Vocational Programs	A-M	District Number	185	188
		A-M	Program Code	227	230
		A-M	Program Approval Number	239	242
		A	Grade Level - 9th	761	767
		A	Grade Level - 10th	761	770
		A	Grade Level - 11th	761	773
		A	Grade Level - 12th	761	776
		A	Prerequisite - Age	761	785
		A	Prerequisite - Achievement	761	788
		A	Prerequisite - Other	761	791
		A	Entry/Exit	761	794
		A	Enrollment	761	797
		A	Special Needs - Extended/ Flexible	761	800
		A	Special Needs - Psycho/Social Work	761	803
		A	Employers	761	806
		A	Training Stations	761	809
		A	Business or Industry Group	761	812
		A	Labor Union	761	815
		A	Manpower Planning	761	818
		A	State Employment Office	761	821
		A	Manpower Survey	761	824
		A	Manpower Survey Conducted By	761	827
		A	Manpower Survey Year	761	830

FORM NO.	FORM NAME	CARD	FIELD NAME	RG NO.	COMPONENT NO.
103 Cont.	Cont.	A	Anticipated Start Month	761	779
		A	Anticipated Start Year	761	779
		A	Anticipated End Month	761	782
		A	Anticipated End Year	761	782
		B	Other Sources	761	833
		B	Manpower Data/Other Source #1	761	836
		B	Manpower Data/Other Source Year #1	761	839
		B	Manpower Data/Other Source #2	761	842
		B	Manpower Data/Other Source Year #2	761	845
		C	Support Need #1	761	848
		C	Support Need Source #1	761	851
		C	Support Need Year #1	761	854
		C	Support Need #2	761	857
		C	Support Need Source #2	761	860
		C	Support Need Year #2	761	863
		D	Private Sector Contribution	761	866
		D	Square Foot Usage/No Change	761	867
		E	Private Sector Providing Field #1	761	869/875
		E	Private Sector Providing Field #2	761	872/878
		F	Agency Contribution	761	881
		F	Square Foot/Agency Supplied	761	884

FORM NO.	FORM NAME	CARD	FIELD NAME	RG NO.	COMPONENT NO.
103 Cont.	Cont.	G	Governmental Group Providing Contributions Field #1	761	887/893
		G	Governmental Group Providing Contributions Field #2	761	890/896
		H	Program Access	761	897
		I	Course Name	908	911
		I	Average Hours Instruction Per Week	908	914
		I	Number of Weeks to Complete Course	908	917
		I	Total Contact Hours to Complete Course	908	920
		I	Course Code	908	923
		J	Name School or Community Facility	926	929
		J	Square Foot Lab. Shop	926	932
		J	Number Hours Per Week Used	926	935
		J	Square Feet for Related Instruction	926	938
		J	Number Hours Per Week - R. I.	926	941
		J	Building Number	926	944
		J	Job Titles	947	950
		K	D. O. T. Codes	947	953
		K	Entry Level Wages Per Hour	947	956
		L	Terminal Performances	959	962
		L	Terminal Codes	959	965
		M	Parents	968	983
		M	Students	968	986
		M	Educators	968	989

FORM NO.	FORM NAME	CARD	FIELD NAME	RG NO.	COMPONENT NO.
103 Cont.	Cont.	M	Others	968	992
		M	Business Employers	968	977
		M	Business Employees	968	980
		M	Industry Employers	968	975
		M	Industry Employees	968	976
		M	P/S Employers	968	978
		M	P/S Employees	968	979
		M	Government Employers	968	981
		M	Government Employees	968	982

FORM NO.	FORM NAME	CARD	FIELD NAME	RG NO.	COMPONENT NO.
104	Application for Approval for Continuing Vocational Programs	A-M	District Number	185	188
		A-M	Program Number	227	230
		A	Program Approval Number	239	242
		A	Private Sector - Contribution	761	866
		A	Private Sector - Square Feet	761	867
		B	Private Sector Providing #1	761	869/875
		B	Private Sector Providing #2	761	872/878
		C	Agency Contribution	761	881
		C	Square Feet Agency Supplied	761	884
		D	Government Group Providing #1	761	887/893
		D	Government Group Providing #2	761	890/896
		E	Total Wage by Student	761	899
		E	Number Students Participated	761	902
		F	Special Needs - Extended/ Flexible	761	800
		F	Manpower Survey	761	824
		F	Manpower Survey Conducted	761	827
		G	Other Sources	761	833
		G	Manpower Data/Other Sources #1	761	836
		G	Manpower Data/Other Sources #2	761	842
		H	Support Need - Source 1	761	851
		H	Support Need - Source 2	761	860
		I	Course Name	908	911

FORM NO.	FORM NAME	CARD	FIELD NAME	RG NO.	COMPONENT NO.
104 Cont.	Cont.	I	Average Hours Per Week	908	914
		I	Number of Weeks	908	917
		I	Total Hours to Complete	908	920
		I	Course Code	908	923
		I	Transaction Code	N. I.	D. B. ---
		J	School or Community Facility	926	929
		J	Square Feet Lab/Shop	926	932
		J	Number of Hours Used Per Week	926	935
		J	Square Feet Related Instruction	926	938
		J	Number of Hours Related Instruction	926	941
		J	Building Number	926	944
		J	Transaction Code	N. I.	D. B. ---
		K	Job Title	947	950
		K	D. O. T. Codes	947	953
		K	Entry Level Wages Per Hour	947	956
		K	Transaction Code	N. I.	D. B. ---
		L	Terminal Performances	959	962
		L	Terminal Codes	959	965
		L	Transaction Code	N. I.	D. B. ---
		M	Number Advisory Committees	968	971
		M	Parents	968	983
		M	Students	968	986
		M	Educators	968	989

FORM NO.	FORM NAME	CARD	FIELD NAME	RG NO.	COMPONENT NO.
104 Cont.	Cont.	M	Others	968	992
		M	Business Employers	968	977
		M	Business Employees	968	980
		M	Industry Employers	968	975
		M	Industry Employees	968	976
		M	P/S Employers	968	978
		M	P/S Employees	968	979
		M	Government Employers	968	981
		M	Government Employees	968	982

FORM NO.	FORM NAME	CARD	FIELD NAME	RG NO.	COMPONENT NO.
105	Request for Approval/ Equipment, Special Materials or Services	A-B	District Number	185	188
		A-B	Program Code	227	230
		A-B	Program Approval Number	239	242
		A	Description	638	644
		A	Code for Equipment, etc.	638	647
		A	Number of Units	638	650
		A	Estimated Cost Per Unit - Purchase	638	653
		A	Estimated Cost Per Unit - Lease	638	656
		A	Total Estimated Costs	638	662
		B	Purpose	638	665
		B	Number of Units Approved	638	668
		B	Approval Deferred	638	671
		B	Initials of Person	638	674
107	Administrative, Supervisory and Ancillary Staff	A	District Number	185	188
		A	Position Name	200	224
		A	Position Code	200	203
		A	Cycle	200	206
		A	Year	200	209
		A	Full Time	200	212
		A	Part Time	200	215
		A	F. T. E. Persons	200	218
		A	Position Costs	200	221

FORM NO	FORM NAME	CARD	FIELD NAME	RG NO.	COMPONENT NO.
108	Vocational Education Instructional Staff Requirements	A	District Number	185	188
		A	Program Code	227	230
		A	Program Approval Number	239	242
		A	Position Name	254	275
		A	Position Code	254	257
		A	Cycle	254	260
		A	Year	254	263
		A	Full Time	254	266
		A	Part Time	254	269
		A	F. T. E. Persons	254	272
109	Administrative, Supervisory and Ancillary Staff Information	A	Social Security Number	8	20
		A	Last Name	8	11
		A	First Name	8	14
		A	Middle Initial	8	17
		A	Position Code	134	39
		A	Course Work - Credit Hours	134	29
		A	Seminar/Workshops - Number	134	32
		A	Seminar/Workshops - Hours	134	35
		A	Work Experience	134	38
		A	Advisor to Vocational Student Organization	134	41
		A	District Number	8	26
110	Instructional Staff Information	A-B	Social Security Number	8	20
		A	Last Name	8	11
		A	First Name	8	14

FORM NO.	FORM NAME	CARD	FIELD NAME	RG NO.	COMPONENT NO.
110 Cont.	Cont.	A	Middle Initial	8	17
		A	Position	134	39
		A	Instructional Program #1	134	137
		A	Instructional Program #2	134	138
		A	Instructional Program #3	134	139
		A-B	District Number	8	26
		B	Course Work - Credit Hours	134	29
		B	Seminar/Workshop - Number	134	32
		B	Seminar/Workshop - Hours	134	35
		B	Work Experience	134	38
		B	Advisor to Vocational Student Organization	134	41
111	Vocational Credential	A-B-C	Social Security Number	8	20
		A	Sex	8	65
		A	Age	8	68
		A	Last Name	8	11
		A	First Name	8	14
		A	Middle Initial	8	17
		A	Position Code	134	39
		A	First Program Area	122	125
		A	First Program Level	122	128
		A	First Time in Program	122	131
		A	Second Program Area	122	125
		A	Second Program Level	122	128
		A	Second Time in Program	122	131

FORM NO.	FORM NAME	CARD	FIELD NAME	RG NO.	COMPONENT NO.
111 Cont.	Cont.	A	Third Program Area	122	125
		A	Third Program Level	122	128
		A	Third Time in Program	122	131
		A	Hold Colorado Credential	71	74
		A	Type of Teaching Certificate	71	77
		A	Government Job Certificate	71	80
		A	Name of Institution	71	83
		A	Year of Expiration	71	86
		A	Renewal Conditions	71	89
		A	Occupational Experience	71	92
		A	Teaching Experience	71	95
		A	Total Years Education	71	98
		B	Highest Degree Earned	71	101
		B	Course Work for Renewal	71	104
		B	Seminars/Workshops	71	99
		B	Work Experience	71	100
		B	Application Date	71	107
		B	Address	71	109
		C	City	71	110
		C	State	71	113
		C	Zip Code	71	116
		C	Home Telephone	71	119
201	Enrollment Data Beginning of Term	A	District Number	185	188
		A	Program Code	227	230
		A	Program Approval Number	239	242

FORM NO.	FORM NAME	CARD	FIELD NAME	RG NO.	COMPONENT NO.
201 Cont.	Cont.	A	Grade/Purpose	431	434
		A	Total Male	431	437
		A	Total Female	431	440
		A	Total Disadvantaged	431	443
		A	Total Handicapped	431	446
		A	Total Spanish Surname	431	449
		A	Total Black	431	452
		A	Total Oriental American	431	455
		A	Total American Indian	431	458
202	End of Term Enrollment Data	A-B	District Number	185	188
		A-B	Program Code	227	230
		A-B	Program Approval Number	239	242
		A-B	Grade - Purpose	461	464
		A	Male - Completed	461	467
		A	Female - Completed	461	470
		A	Male - Dropped/Skills	461	473
		A	Female - Dropped/Skills	461	476
		A	Males - Without Skills/ Status Unknown	461	479
		A	Females - Without Skills/ Status Unknown	461	482
		A	Disadvantaged - Completed	461	485
		A	Handicapped - Completed	461	488
		A	Disadvantaged - Dropped/Skills	461	491
		A	Handicapped - Dropped/Skills	461	494

FORM NO.	FORM NAME	CARD	FIELD NAME	RG NO.	COMPONENT NO.
202 Cont.	Cont.	A	Disadvantaged - Without Skills/Status Unknown	461	497
		A	Handicapped - Without Skills/ Status Unknown	461	500
		A	Spanish - Completed	461	503
		A	Black - Completed	461	506
		A	Oriental - Completed	461	509
		A	American Indian - Completed	461	512
		B	Spanish - Dropped/Skills	461	515
		B	Black - Dropped/Skills	461	518
		B	Oriental - Dropped/Skills	461	521
		B	American Indian - Dropped/ Skills	461	524
		B	Spanish - Without Skills/ Status Unknown	461	527
		B	Black - Without Skills/ Status Unknown	461	530
		B	Oriental - Without Skills/ Status Unknown	461	533
		B	American Indian - Without Skills/Status Unknown	461	536
203	Special Needs Enrollments By Characteristics	A	District Number	185	188
		A	Program Code	227	230
		A	Program Approval Number	239	242
		A	Grade - Purpose	539	542
		A	Functionally Illiterate	539	545
		A	Other Language	539	548
		A	Not Illiterate-Lacks Educational Skills	539	551

FORM NO.	FORM NAME	CARD	FIELD NAME	RG NO.	COMPONENT NO.
203 Cont.	Cont.	A	Poor Attendance	539	554
		A	Needs Financial Assistance	539	557
		A	Mental Retardation	539	560
		A	Emotional Problems	539	563
		A	Vision Impairment	539	566
		A	Hearing Impairment	539	569
		A	Orthopedic Handicap	539	572
		A	Drug Dependent	539	575
		A	Other Physical Handicap	539	578
		A	Multi-Handicap	539	581
204	Placement Data for Program Completors	A-B	District Number	185	188
		A-B	Program Code	227	230
		A-B	Program Approval Number	239	242
		A-B	Males - Completing	584	590
		A-B	Females - Completing	584	593
		A-B	Males - Status Unknown	584	596
		A-B	Females - Status Unknown	584	599
		A-B	Makes - Continuing Higher Education	584	602
		A-B	Females - Continuing Higher Education	584	605
		A-B	Males - Other Reasons	584	608
		A-B	Females - Other Reasons	584	611
		A-B	Males - Employed Full Time	584	614
		A-B	Females - Employed Full Time	584	617

FORM NO.	FORM NAME	CARD	FIELD NAME	RG NO	COMPONENT NO.
204 Cont.	Cont.	A-B	Males - Unemployed	584	620
		A-B	Females - Unemployed	584	623
		A-B	Males - Other Employment	584	626
		A-B	Females - Other Employment	584	629
		A-B	Males - Number Placed	584	632
		A-B	Females - Number Placed	584	635
		B	Group -	584	587
301	Vocational Program Enrollment Report	A-B	District Code	185	188
		A-B	Program Code	227	230
		A-B	Program Approval Number	239	242
		A-B	Social Security Number	278	290
		A	Building Number	278	326
		A	Instructor Completing	278	329
		A	Last Name	278	281
		A	First Name	278	284
		B	Middle Initial	278	287
		(1301 & 2301) B	Grade	278	288
		(1301) B	Home School District	278	289
		All B	Sex	278	293
		All B	Group	278	296
		All B	Birthdate	278	314
		All B	Special Needs	278	317
		(2301) & 3301) B	Objective	278	305
		(2301 & 3301) B	Education Plan	278	308

FORM NO.	FORM NAME	CARD	FIELD NAME	RG NO.	COMPONENT NO.
301 Cont.	Cont.	(2301 & 3301) B	Employment	278	311
		(2301 & 3301) B	Hourly Wage	278	302
		(2301 & 3301) B	Age	278	299
302	Services Provided Students With Special Needs	A	District Number	185	188
		A	Program Code	227	230
		A	Program Approval Number	239	242
		A	Social Security Number	278	290
		A	Basic Education	398	401
		A	Reader/Interpretor	398	404
		A	Psychological/Social Work	398	407
		A	Special Job Development	398	410
		A	Mobile Unit	398	413
		A	Transportation	398	416
		A	Rehabilitation Center	398	419
		A	English Proficiency	398	422
		A	Other	398	425
304	Disadvantaging Characteristics of Students With Special Needs	A	District Number	185	188
		A	Program Code	227	230
		A	Program Approval Number	239	242
		A	Social Security Number	279	290
		A	Disadvantaging Condition	398	428

FORM NO.	FORM NAME	CARD	FIELD NAME	RG NO.	COMPONENT NO.
305	Handicapping Characteristics	A	District Number	185	188
		A	Program Code	227	230
		A	Program Approval Number	239	242
		A	Social Security Number	279	290
		A	Handicapping Condition	398	429
306	Program Enrollment Status Report	A	District Number	185	188
		A	Program Code	227	230
		A	Program Approval Number	239	242
		A	Social Security Number	279	290
		A	Co-op Work	278	347
1306		A	Vocational Organization	278	350
1306		A	Graduated or Completed	278	359
1306		A	Dropped Out Program	278	353
2306 & 3306		A	Withdraw	278	362
307	Placement of Program Completors	A	District Number	185	188
		A	Program Code	227	230
		A	Program Approval Number	239	242
		A	Social Security Number	279	290
		A	Status Unknown	278	332
		A	Not Available	278	335
		A	Employment Status	278	338
		A	Trying to Place	278	341
		A	Reason Not Placed	278	344

FORM NO.	FORM NAME	CARD	FIELD NAME	RG NO.	COMPONENT NO.
308	Student Follow-Up	A-B-C	District Number	185	188
		A-B-C	Program Code	227	230
		A-B-C	Program Approval Number	239	242
		A-B-C	Social Security Number	279	290
		A	Present Job	365	368
		A	Reason Not Working	365	371
		A	Amount per Month	365	374
		A	Amount per Week	365	377
		A	Amount per Hour	365	380
		A	Reason for Job	365	383
		A	Occupationally Related	365	386
		A	Recommend Program	365	389
		A	Using Program Skills	365	392
		A	Reason Not Completed	365	395
		A	Job Title	365	396
		B	Employer Name	365	393
		B	Address	365	381
		C	City	365	382
		C	State	365	384
		C	Zip	365	385
401A	County Table		County Number	143	149
			County Name	143	146
402A	District Table		District Code	152	165
			Region Number	152	164
			County Number	152	161
			LEA Number	152	158
			District Name	152	155

FORM NO.	FORM NAME	CARD	FIELD NAME	RG NO.	COMPONENT NO.
403A	Equipment/ Material Table		Equipment/Material Code	995	997
			Equipment/Material Name	995	999
404A	Instruc- tional Program		Instructional Program Code	167	173
			Instructional Program Title	167	170
405A	DOT/OE Table		DOT Code	176	182
			Instructional Program Code	176	1820
			Program Field	176	1821
			Program SubField	176	1822
			DOT Title	176	179
	Census Table				
406A	Header Record A		Region Code	144	147
			Instructional Program Code	151	153
			Generic Title	151	156
406B	Detail Record B		Region Code	144	147
			Instructional Program Code	151	153
			Census Occupational Code	157	163
			Census Occupational Title	157	166
			Projected Demand	157	171

APPENDIX B

MISVE DATA BASE FIELD TO SOURCE
DATA INSTRUMENT FIELD CROSS REFERENCE

MISVE DATA BASE FIELD TO SOURCE DATA INSTRUMENT FIELD CROSS REFERENCE

The purpose of this Appendix is to provide a cross reference between any field contained in the MISVE data base definition and the corresponding field in the source data instruments.

The first three columns of the following table identify the data base field by data structure type number, field number, and field name. The last two columns identify the card and source data instrument that contain the corresponding field.

COMPONENT NO.	RG NO.	FIELD NAME	CARD	FORM NO.
11	8	Last Name	A	190,110,111
14	8	First Name	A	
17	8	Middle Initial	A	
20	8	Social Security Number	A	
26	8	District Number	A	109,110
29	134	Course Work - Credit Hours	A	
32	134	Seminar Workshop - Number	A & B	
35	134	Seminar Workshop - Hours	A & B	
38	134	Work Experience	A & B	
39	134	Position Code	A	
41	134	Advisor to Vocational Student Organization	A & B	
65	8	Sex	A	111
68	8	Age	A	
74	71	Hold Colorado Credential	A	
77	71	Type of Teaching Certificate	A	
80	71	Government Job Certificate	A	
83	71	Name of Institution	A	
86	71	Year of Expiration	A	
89	71	Renewal Conditions	A	
92	71	Occupational Experience	A	
95	71	Teaching Experience	A	
98	71	Total Years Education	A	
99	71	Seminars/Workshops	B	
100	71	Work Experience	B	
101	71	Highest Degree Earned	B	
104	71	Course Work for Renewal	B	
107	71	Application Date	B	

COMPONENT NO.	RG NO.	FIELD NAME	CARD	FORM NO.
109	71	Address	B	
110	71	City	C	
113	71	State	C	
116	71	Zip Code	C	
119	71	Home Telephone	C	
125	122	First Program Area	A	
125	122	Second Program Area	A	
125	122	Third Program Area	A	
128	122	First Program Level	A	
128	122	Second Program Level	A	
128	122	Third Program Level	A	111
131	122	First Time in Program	A	
131	122	Second Time in Program	A	
131	122	Third Time in Program	A	
137	134	Instructional Program #1	A	110
138	134	Instructional Program #2	A	
139	134	Instructional Program #3	A	
146	143	County Name	A	401
147	144	Region Code	A & B	406
149	143	County Number	A	401
153	151	Instructional Program Code	A & B	406
155	152	District Name	A	402
156	151	Generic Title	A	406
158	152	LEA Number	A	402
161	152	County Number		
163	157	Census Occupational Code	B	406

COMPONENT NO.	RG NO.	FIELD NAME	CARD	FORM NO.
164	152	Region Number	A	402
165	152	District Code		
166	157	Census Occupational Title	B	406
170	167	Instructional Program Title	A	404
171	157	Projected Demand	B	406
173	167	Instructional Program Code	A	404
179	176	DOT Title	A	405
182	176	DOT Code		
1820	176	Instructional Program Code		
1821	176	Program Field		
1822	176	Program SubField		
188	185	District Number	A,B,C	101,102,104, 105,107,10 201,202,203, 204,308,304, 304,305,306, 307,301,302
203	200	Position Code	A	
206	200	Cycle	A	
209	200	Year	A	
212	200	Full Time	A	107
215	200	Part Time	A	
218	200	F. T. E. Persons	A	
221	200	Position Costs	A	107
224	200	Position Name	A	
230	227	Program Code	A-M	103,104,101, 105,108,201, 203,204,202, 301,304,3 306,307,

COMPONENT NO.	RG NO.	FIELD NAME	CARD	FORM NO.
242	239	Program Approval Number	A-M	
257	254	Position Code	A	108
260	254	Cycle	A	108
263	254	Year	A	
266	254	Full Time	A	
269	254	Part Time	A	
272	254	F. T. E. Persons	A	
275	254	Position Name	A	
281	278	Last Name	A	301
284	278	First Name	A	
287	278	Middle Initial	B	
288	278	Grade	(1301)B &(2301)B	
289	278	Home School District	(1301)B	
290	278	Social Security Number	A-B-C	307,306,304, 301,302,308, 305
293	278	Sex	All B	301
296	278	Group	All B	
299	278	Age	(2301 & 3301) B	
302	278	Hourly Wage	(2301 & 3301) B	
305	278	Objective	(2301 & 3301) B	
308	278	Education Plan	(2301 & 3301) B	
311	278	Employment	(2301 & 3301) B	

COMPONENT NO.	RG NO.	FIELD NAME	CARD	FORM NO.
314	278	Birthdate	All B	
317	278	Special Needs	All B	
326	278	Building Number	A	
329	278	Instructor Completing	A	
332	278	Status Unknown	A	307
335	278	Not Available	A	
338	278	Employment Status	A	
341	278	Trying to Place	A	
344	278	Reason Not Placed	A	
347	278	Co-op Work	A	306
350	278	Vocational Organization	A	1306
353	278	Dropped Out Program/In School	A	
359	278	Graduated or Completed	A	306
362	278	Withdrew	A	2306 & 3306
363	278	Current Enrollment	Inserted by EDIT Program	
368	365	Present Job	A	308
371	365	Reason Not Working	A	
374	365	Amount per Month	A	
377	365	Amount per Week	A	
380	365	Amount per Hour	A	
381	365	Address	B	
382	365	City	C	
383	365	Reason for Job	A	
384	365	State	C	
385	365	Zip	C	

COMPONENT NO.	RG NO.	FIELD NAME	CARD	FORM NO.
386	365	Occupationally Related	A	
389	365	Recommend Program	A	
392	365	Using Program Skills	A	
393	365	Employer Name	B	
395	365	Reason Not Completed	A	
396	365	Job Title	A	
401	398	Basic Education	A	302
404	398	Reader/Interpretor	A	
407	398	Psychological/Social Work	A	
410	398	Special Job Development	A	
413	398	Mobile Unit	A	
416	398	Transportation	A	
419	398	Rehabilitation Center	A	
422	398	English Proficiency	A	
425	398	Other	A	
428	398	Disadvantaging Condition	A	304
429	398	Handicapping Condition	A	305
434	431	Grade/Purpose	A	201
437	431	Total Male	A	
440	431	Total Female	A	
443	431	Total Disadvantaged	A	
446	431	Total Handicapped	A	
449	431	Total Spanish Surname	A	201
452	431	Total Black	A	
455	431	Total American Indian	A	

COMPONENT NO.	RG NO.	FIELD NAME	CARD	FORM NO.
458	431	Total American Indian	A	
464	461	Grade - Purpose	A-B	202
467	461	Male - Completed	A	
470	461	Female - Completed	A	
473	461	Male - Dropped/Skills	A	
476	461	Female - Dropped/Skills	A	
479	461	Males - Without Skills/Status Unknown	A	
482	461	Females - Without Skills/Status Unknown	A	
485	461	Disadvantaged - Completed	A	
488	461	Handicapped - Completed	A	
491	461	Disadvantaged - Dropped/Skills	A	
494	461	Handicapped - Dropped/Skills	A	
497	461	Disadvantaged - Without Skills/ Status Unknown	A	
500	461	Handicapped - Without Skills/ Status Unknown	A	
503	461	Spanish - Completed	A	
506	461	Black - Completed	A	
509	461	Oriental - Completed	A	
512	461	American Indian - Completed	A	
515	461	Spanish - Dropped/Skills	B	
518	461	Black - Dropped/Skills	B	
521	461	Oriental - Dropped/Skills	B	
524	461	American Indian - Dropped/Skills	B	
527	461	Spanish - Without Skills/Status Unknown	B	
530	461	Black - Without Skills/Status Unknown	B	

COMPONENT NO.	RG NO.	FIELD NAME	CARD	FORM NO.
533	461	Oriental - Without Skills/Status Unknown	B	
536	461	American Indian - Without Skills/ Status Unknown	B	
542	539	Grade - Purpose	A	203
545	539	Functionally Illiterate	A	
548	539	Other Language	A	
551	539	Not Illiterate - Lacks Educational Skills	A	
554	539	Poor Attendance	A	
557	539	Needs Financial Assistance	A	
560	539	Mental Retardation	A	203
563	539	Emotional Problems	A	
566	539	Vision Impairment	A	
569	539	Hearing Impairment	A	
572	539	Orthopedic Handicap	A	
575	539	Drug Dependent	A	
578	539	Other Physical Handicap	A	
581	539	Multi-Handicap	A	
587	584	Group	B	204
590	584	Males - Completing	A-B	
593	584	Females - Completing	A-B	
596	584	Males - Status Unknown	A-B	
599	584	Females - Status Unknown	A-B	
602	584	Males - Continuing Higher Education	A-B	
605	584	Females - Continuing Higher Education	A-B	
608	584	Males - Other Reasons	A-B	
611	584	Females - Other Reasons	A-B	
614	584	Males - Employed Full Time	A-B	

COMPONENT NO.	RG NO.	FIELD NAME	CARD	FORM NO
617	584	Females - Employed Full Time	A-B	
620	584	Males - Unemployed	A-B	
623	584	Females - Unemployed	A-B	
626	584	Males - Other Employment	A-B	
629	584	Females - Other Employment	A-B	
632	584	Males - Number Placed	A-B	
635	584	Females - Number Placed	A-B	
644	638	Description	A	105
647	638	Code for Equipment, etc.	A	
650	638	Number of Units	A	
653	638	Estimated Cost Per Unit - Purchase	A	
656	638	Estimated Cost Per Unit - Lease	A	
662	638	Total Estimated Costs	A	
665	638	Purpose	B	
668	638	Number of Units Approved	B	
671	638	Approval Deferred	B	105
674	638	Initials of Person	B	
703	698	Not Yet Approved	A	101
704	698	Cycle	A	
707	698	Year	A	
710	698	Number of Locations	A	
713	698	Enrollment - Male	A	
716	698	Enrollment - Female	A	
725	698	F. T. E. Enrollment	A	
728	698	Instructional Costs	A	
731	698	Costs of Equipment	A	

COMPONENT NO.	RG NO.	FIELD NAME	CARD	FORM NO.
734	698	Books and Supplies	A	
737	698	Student Transportation	A	
740	698	Contract Costs	A	
743	698	Total Direct Costs	A	
746	698	Percent of State Support	B	
749	698	Source of Funding	B	
758	698	Amount of State Support	B	
767	761	Grade Level - 9th	A	103
770	761	Grade Level - 10th	A	
773	761	Grade Level - 11th	A	
776	761	Grade Level - 12th	A	
779	761	Anticipated Start Month	A	
779	761	Anticipated Start Year	A	
782	761	Anticipated End Month	A	
782	761	Anticipated End Year	A	
785	761	Prerequisite - Age	A	
788	761	Prerequisite - Achievement	A	
791	761	Prerequisite - Other	A	
794	761	Entry/Exit	A	
797	761	Enrollment	A	
800	761	Special Needs - Extended/Flexible	A	103 & 104
803	761	Special Needs - Psycho/Social Work	A	103
806	761	Employers	A	
809	761	Training Stations	A	
812	761	Business or Industry Group	A	

COMPONENT NO.	RG NO.	FIELD NAME	CARD	FORM NO.
815	761	Labor Union	A	103
818	761	Manpower Planning	A	
821	761	State Employment Office	A	
824	761	Manpower Survey	A	103 & 104
827	761	Manpower Survey Conducted By	A	
830	761	Manpower Survey Year	A	103
833	761	Other Sources	B	
836	761	Manpower Data/Other Source #1	B	103
839	761	Manpower Data/Other Source Year 1	B	103
942	761	Manpower Data/Other Source #2	B	
845	761	Manpower Data/Other Source Year #2	B	103 & 104
848	761	Support Need #1	C	103
851	761	Support Need Source #1	C	103 & 104
854	761	Support Need Year #1	C	103
857	761	Support Need #2	C	103 & 104
860	751	Support Need Source #2	C	
863	761	Support Need Year #2	C	
866	761	Private Sector Contribution	D	
867	761	Square Foot Usage/No Change	D	
869/875	761	Private Sector Providing Field #1	E	103 & 104
872/878	761	Private Sector Providing Field #2	E	
881	761	Agency Contribution	F	
884	761	Square Foot/Agency Supplied	F & C	
887/893	761	Governmental Group Providing Contributions Field #1	G	
890/896	761	Governmental Group Providing Contributions Field #2	G & D	

COMPONENT NO.	RG NO.	FIELD NAME	CARD	FORM NO.
897	761	Program Access	H	103
899	761	Total Wage by Student	E	104
902	761	Number Students Participated	E	
911	908	Course Name	I	103 & 104
914	908	Average Hours Per Week	I	
917	908	Number of Weeks	I	
920	908	Total Hours to Complete	I	
923	908	Course Code	I	
---	N. I.	D. B. Transaction Code	J & I	
929	926	School or Community Facility	J	
932	926	Square Feet Lab/Shop	J	103 & 104
935	926	Number of Hours Used Per Week	J	
938	926	Square Feet Related Instruction	J	
941	926	Number of Hours Related Instruction	J	
944	926	Building Number	J	
---	N. I.	D. B. Transaction Code	J	
950	947	Job Title	K	
953	947	D. O. T. Codes	K	
956	947	Entry Level Wages Per Hour	K	
962	959	Terminal Performances	L	
965	959	Terminal Codes	L	
971	968	Number Advisory Committees	M	104
975	968	Industry Employers	M	103 & 104
976	968	Industry Employees	M	
977	968	Business Employers	M	

COMPONENT NO	RG NO.	FIELD NAME	CARD	FORM NO.
978	968	P/S Employers	M	
979	968	P/S Employees	M	
980	968	Business Employees	M	
981	968	Government Employers	M	
982	968	Government Employees	M	
983	968	Parents	M	
986	968	Students	M	
989	968	Educators	M	
992	968	Others	M	
997	995	Equipment/Material Code	A	403
999	995	Equipment/Material Name	A	